FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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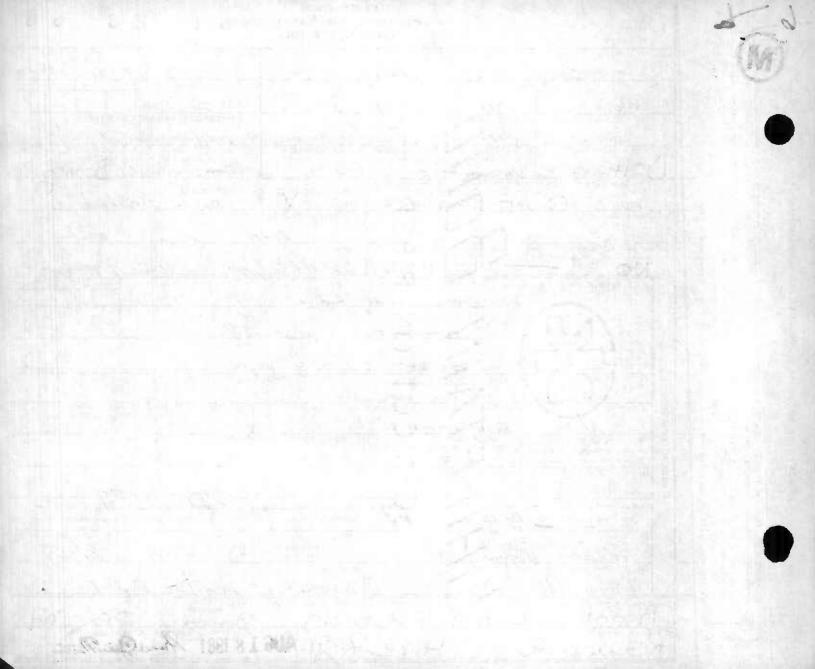
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

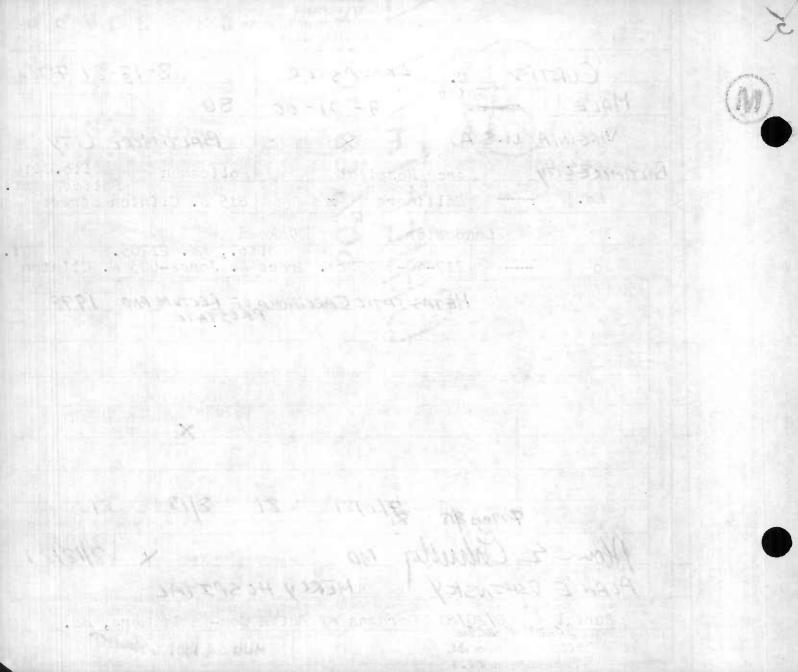
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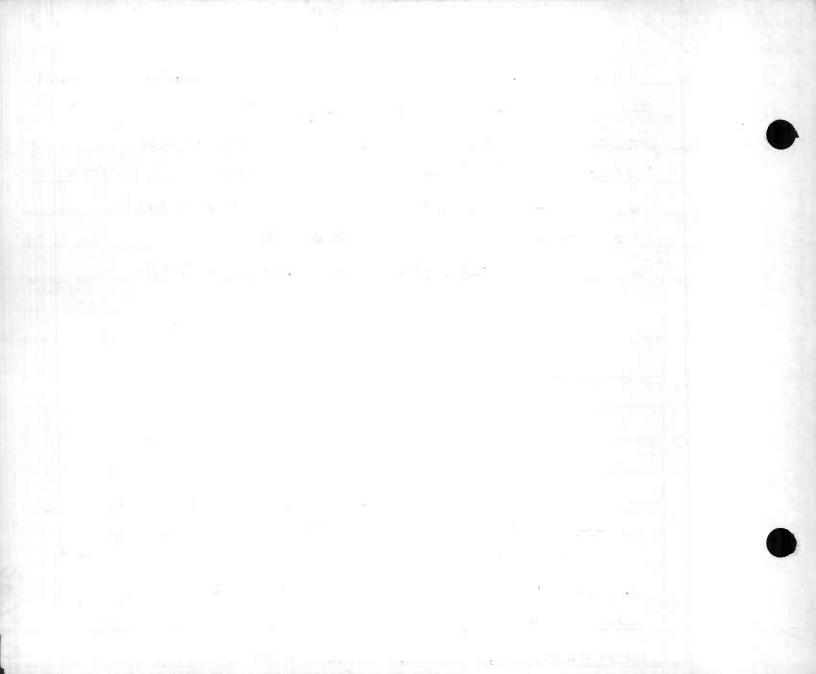
	STATE REGISTRAR		CER	TIFICATE OF DEATH	REG. N	0.	
	EASED NAME FIRST	М	IDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Josep	6 5	LAM	9		8 13 81	1 45 M M
3. SEX		4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DAY	
	make	White		12 27 09	71	YRS	
	THPLACE (STATE OF FOREIGN	76 CITIZEN OF W	VHAT COUNTRY? 8.	RRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
	MD	Lesn		OWED DIVORCED	Baltimon	K, may land.	MD.
10 CIT	Y OR TOWN OF DEATH		OSPITAL, NURSING HOA	AE OR OTHER INSTITUTION	120. USUAL OCCUPATI		OF BUSINESS OR
	12 timore	University	/		Part Chair		option
130. ST	L RESIDENCE (IF NURSIN 3 HOME OF	OTHER INSTITUTION, O			13e. STREET ADDRESS		đ
1	mo Cal	2007	Chesapenke B	/	Dx 22	- Chesppens	to Reb
14. FAT	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			
	Bunt	NMI	LAMA	FIRST Elle	MIODLE	611	6.60-
	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO		ADDRE	ESS	
(YE	ES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	579-77-776V	Win Polit	mn	Marin of Me	my bout then.
	18 CAUSE OF DEATH (Enter or	ly one couse per l	ing for (a) (b) and (c))	10000 70 000	, , , , ,	APPR	OXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:		5 1		BEIWE	EN ONSET AND DEATH
	UTA3 IMMEDIA		CARDIO pulmon				
7	Condition if any his	DUE TO, OR	AS A CONSEQUENCE O	. 1.			
	Conditions, if any, which gove rise to immediate	(6)		71	mea.		
	underlying couse lost.	DUE TO, OR	AS A CONSEQUENCE O	A oretic Su			
	DART 2 OTHER SIGNIFICANT	(c) (c)	NAME OF THE PERSON	BUT NOT RELATED TO THE TERM		DOTION CONTENT DATE	1
		0 - 1		. 0 .	TINAL DISEASE OR CON	DITION GIVEN IN PART	110,
- ¥	190. DATE OF OPERATION		TION FOR WHICH OPERA		200 AUTOPSY?	20b. IF YES, WERE FINI	DINGSLISED
FIC	dia	8	<i>i</i> /-			IN CERTIFYING CAUS	ES OF DEATH?
CERTIFICATION	210 ACCIDENT WAS UNDERLYING	7,7,7,	LACERATION INTURY	21c HOW INJURY OCCUR	YES NO NO NATURE OF INITIAL	YES D	NO 🗍
	OR CONTRIBUTING A CAUSE OF DE	ATH HOUR A.M	MONTH DAY YE	AR			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e PLACE C		211. LOCATION	Hontogo	MW	
WE	WHILE NOT WHILE	(AT HOME, STRE	ET, FACTORY, OFFICE, FARM, ETC	STREET	CHY OR TO		STATE
	AT WORK		A	University	OF MANYLAN	1	
4	220 I certify that (!) (this hosp sow the deceased alive on	A		, and that in (my) (arr) opinion	denth occurred on the d		be source stated
	obove, (I) () viewithe body o	ofter death.	DEGREE	dediti decorred on the di		TE SIØNED
	110. SIGNATURE	DOL		ATTENDING _	MEDICAL STA		TE SIGNED
	22d PHYSICIAN'S NAME ITYPE	Touch	, my	PHYSICIAN [DIRECTOR PHYSIC	IAN X	113
1 1		OR PRINT)		ZZe. ADDRESS		/	
	01	. ,				1 11 .11	/
	William Pol	ite me)	University o	+ May Lan	& Hospital	/
	01	LE MU	23c NAME C	UNIVELSITY OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	1 Hogoilal	STAN
23a_81	William Pol	123b. DATE	51 FOR	DE CEMETERY OR CREMATORY			Mars Mars



	1			STATE OF MARYLA	ND		
	1	FOR STATE	DEP	ARTMENT OF HEALTH AND A CERTIFICATE OF D		1 2 0	165
	1.00	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST		REG. NO	
m.e		CEASED NAME FIRST	MIDDLE	last.	20. DATE OF		YEAR 26 HOUR
de d		CURTI	S C.	LANCASTE	R	8-18-	-817:20 AM
	3. SE	× M.	A. RACE White	S. DATE OF BIRTH	VEAD	ARS LAST BIRTHDAY) IF UP	NDER 1 YEAR IF UNDER 24 HRS
		PIALE	CANE	9-21-	00 80	YRS	JAN
- (3		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	RY? 8 MARRIED NEVER M	ARRIED 9 BALTIMOR	E CITY OR COUNTY OF	DEATH
25		VIRGINIA	U.S.A.		ORCED B	ALTI MORF	CITY MD
200	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INST			26 KIND OF BUSINESS OR
5/	Be	LTIMORECITY	Mercy ROTHER INSTITUTION GIVE RESIDENCE E	Hospital	Polic	eman	Ballto.City
0	13a		ROTHER INSTITUTION GIVE RESIDENCE E	EFORE ADMISSION) OWN 13d. INSIDE CI		P	olice Dept
35		Md.	Balt	more YES X	NO 615 7	V. Clinton	Street
	14. F.	ATHER'S NAME	MIDDLE LAST		MAIDEN NAME		
EC	1	FIRST	Lancast	er	Unkown	MIDDLE	LAST
ledico		WAS DECEASED EVER IN U.S. AF		ECURITY NO. 17. INFORMAL	VI Balto., 1	1 d DPRES 1205.	St
1		YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 217-4	0-3879Mrs.	Grace M. Je	nes-603 N	. Clinton
		18 CAUSE OF DEATH (Enter of				T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE			MALINIA ME RI	ECTUM AND	1978
9	1	1511 IMMEDIA	TE CAUSE (o) META	S'TATIC CARC	PROST	176	1710
E	1	1271	DUE TO, OR AS A CONSI	EOUENCE OF		712	
TOOT	1	Canditions, if ony, which gave rise to immediate	(b)				
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF			
			(c)				
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	OR CONDITION GIVEN II	N PART I to
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATION WAS PERFOR	RMED 20a AUTOF	SY? 20b. IF YES, WE	ERE FINDINGS USED
2	Ē				VES [NO YES	G CAUSES OF DEATH?
G	H H	210 ACCIDENT WAS UNDERLYING		21c. HOW INJ	URY OCCURRED (ENTER NATU		
7		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e. PLACE OF INJURY	19 211 LOCATIO	N		
	M	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	ICE FARM, ETC) STREET		CITY OR TOWN	COUNTY STATE
	1	AT WORK AT WORK	<u></u>	72/1/01	9/	1/18	91
		22a. I certify that (I) (this hospi saw the deceased alive an			aur) opinion death occurred	19_	than (I) (we) lost
		obove, (I) (we) (did) (did no	at) view the body offer death.		opinion death occured	on me date and hour and	
		226. SIGNATURE	Maland	DEGREE	TTENDING MEDICAL _	STAFF .	22c. DATE SIGNED
	1	Alow 1	- Count	O NO P	HYSICIAN DIRECTOR	PHYSICIAN X	8/18/18
		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS			
1		HLAN E. C	SHINSKY	MER	CY HOSPI	TAL	
IMPORTANT	23a F	BURIAL, CREMATION, REMOVAL	23b. DATE	3c NAME OF CEMETERY OR C	REMATORY 23d. LOCAT	ION	
		Burigl	8/20/81	Gardens of	Faith Cem-	Baltimore	Md. STATE
1	24 F/	JNERAL DIRECTOR John &			25a. DATE REC'D. BY RE	GISTRAR 256. REGISTRAR	SASHATURE
		3000 €.	Baltimore St. ADDRE	55	AUG 2 4	1961	
		Baltimo	E. Md. 21224				



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	1)		CEASED NAME FIRST	MIDDLI	E	LAST	120		MONTH DAY	YEAR	26 HOUR
	may be page 3 ter death	(TYPE	JOHN	T. L	ANGLEY			August 2]	. 1981		5.05P4
	4 may or, pag offer de	3. SE		4 RACE		DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRT	HDAY}	UNDER I YEAR	IF UNDER 24 HRS
	of the		Male	White	Oc	tober 22, 18	99	81	YRS	THS DAYS	HOURS MIN
	101	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	ARRIED NEVER MARRIE	9	BALTIMORE CITY C	R COUNTY O	POEATH	
4		, i	Maryland	USA		DOWED DIVORCE		Baltimore	City		MD.
5	of the filed with	10 CI	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FAC	TITAL, NURSING HE	OME OR OTHER INSTITUTIO		USUAL OCCUPATION OF WORK FOR MOST C		INDUSTRY	nt Marine
212	hours be to	USU	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE			urea lu	STREET ADDRESS			
Q	filled ould	130	Md		altimore	YES X NO		4000 Fall	s Road		
YI.A	5 >= ==================================	14 FA	THER'S NAME	MIDDLE		15. MOTHER'S MAID	DEN NAME				
MAR	mpletel and 2 s		George Langle		LAST	Bessie	Kidd	MIDDLE		LAS	ı
m,	- 0-		VAS DECEASED EVER IN U.S. AR.		SOCIAL SECURITY	NO 17 INFORMANT		ADDRI	SS		
IWO	0 CO E	,	No	21	7 14 5092	Helen	I. La	ngley 4000	Falls	Road	
SALT	rificate by a physician and papers. emaval		II CAUSE OF DEATH (Enter on	ly ane couse per line	for (o)/(b), and (c).	-1	1 .			BETWEEN	MATE INTERVAL ONSET AND DEATH
T. 15	certificate ing physici rbanpaper ir remaval iic event, th		PART I DEATH WAS CAUSE IMMEDIAT	D BY: 'E CAUSE (0)	Ventric	lar Jor. 11	c hon				han
NO			4100	DUE TO, OR AS	A CONSEQUENCE	OF A	,				
ESTO	death attendi		Conditions, if any, which	(b)	Corma		sec hun	e e grane			
2	the emo		gove rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE	OF		/ /	0	3	cree ks
<u>*</u>	that d by al, cr ol, cr		underlying cause last	(c)	Kecert	antrior my	10 card	ral inferen	424	9	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires signe Then p to bur	Z O	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTR	IBUTING TO DEAT	H BUT NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART 1(c	11
00	ow re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION WAS PERFORMED		20a AUTOPSY?	206. IF YES, V	VERE FINDIN	GS USED
IL RE	The lo	Ę						YES NO	IN CERTIFYIN		NO [
VII	HYSICIAN The Iding physician. Is certificate has burial-transit per Mental Hygiene Are item 18 shows	S. C.	21a. ACCIDENT WAS UNDERLYING	distribution of the	JURY MONTH DAY	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
0	SICIA ng ph certifi ritial-tr ental frem I	3	OR CONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY	19					
ON	PHYSICIAN ending physical this certifical to burial from and Mental Hydra d ar Item 18 s	MEDICAL	214 INJURY OCCURRED	21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, I	211 LOCATION	_	CITY OR TO	whi	COUNTY	STATE
IVIS	DING PHY: ar attending After this is as the busine as the busine and M marked ar	2	AT WORK NOT WHILE AT WORK	(AI HOME, SIREEI, P	ACTORY, OFFICE, FARM, I	JACE JACE		CITY OK TO	***	COORT	STATE
Ω		l	22a 1 certify that (I) (this hospi	/1	ceosed from	May 10 19	7-	,, to /sc	1 21 , 19	81	that (1) (we) last
	ATTEN haspital RECTOR sed for up ipt of H em 21 is		saw the deceased alive on above, (I) (www.fd.d) /did no	t) view the body after	19 19 81	, and that in (my) (aus) a	opinion dec	th occurred on the d	ote and hour o	nd from the	couses stated
	on has been been been been been been been bee		226. SIGNATURE	/	ded	DEGREE				22c DATE	
	Al S the Cart of the Cart of C		Chal	a Octoraro	v	m) ATTEND	DING CIAN A I	MEDICAL STA DIRECTOR PHYSIC	FF CIAN [18/2	1/81
	HOSPITAL ined by th FUNERAL wid be deto h the State	1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				•	
	O HOSPITAL CAR efauned by the hos TO FUNERAL DIREC should be detached with the State Dept MAPORTANT: If them		Dr. Charles (D' Donovan		9 East C	Chase	Street			
121	P = # 3 3	23a. E	JURIAL, CREMATION, REMOVAL	23b. DATE	23c NAM	OF CEMETERY OR CREMA	ATORY	23d. LOCATION		UNTY	STATE
24	GBP		Burial	24 Aug 8	1 More	land Memorial	Park	70 71 4		2123/	
for	DHMH-16 20M	24. FU	JNERAL DIRECTOR		ADDRESS	2	250 DATER	EC'D. BY REGISTRAR	200 EGISTRA	S SIGN A	URE
	(VRA 15, 4) 7/78		Burgee Funera	al Home. E		Maryland	AUG	2 5 1981	name >	John L	a China



STATE OF MARYLAND FOR STATE REGISTRAR

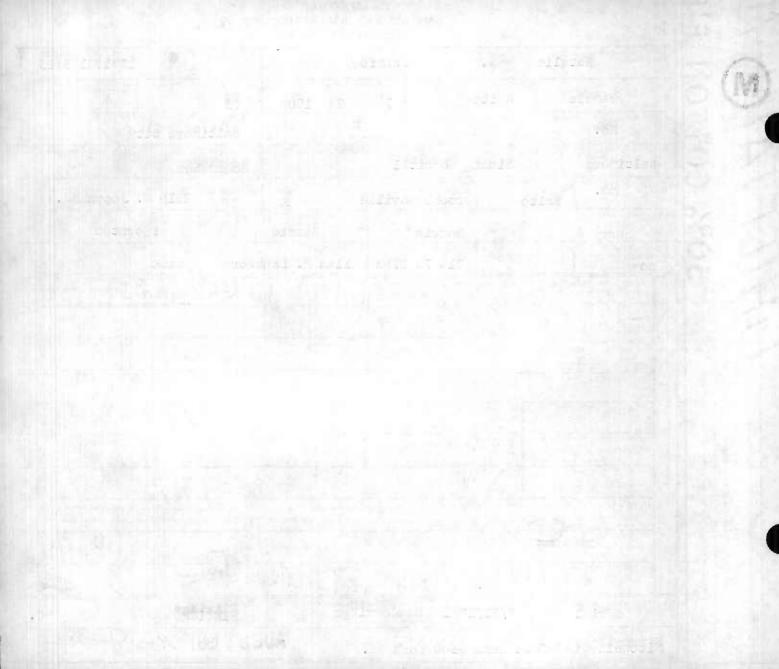
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	_	NEO IO I IVIII						REG. N	0.				
		CEASED NAME FIRST Natalie	N .	Lankf	ord		20 DATE OF	DEATH	8 8	18 :	1981	26 HOUR 5;15	
	l. SE	Female	White	5. DATE C		1906	6 AGE LINYE	ARS LAST BIR	THDAY)	MONTHS	R I YEAR DATS	IF UNDER 24 HOURS	MIN.
5		Md.	USA	MARRIEI		NORCED [9 BALTIMOR Balt	imor	_		ATH		MD.
2	1	Baltimore	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE SINAI HOS	pital	R OTHER INS	TITUTION	12g USUAL O (TYPE OF WORK Homen	FOR MOST O	FWORKING		KIND OF DUSTRY	F BUSINES:	SOR
5	13a S	Balt					13e STREET A	DDRESS 23	10 W	. Jo	ppa :	Rd.	
C)	Harry	Norr	is	47.7	s maiden nam Bessie	ME	MIDDLE		ornt	on LAST		
2	- 0	NAS DECEASED EVER IN U.S., ARM YES, NO OR UNKNOWN) (IF YES, GIVE V 110	WAR OR DATEST	74 2793	Allan	M. Lan	kford	ADDRE	ame				
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS		NOT RELATED) TO THE TERMI	INAL DISEASE	OR CONI	DITION G	IVEN IN F	PART Ira		
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFO	DRMED	200 AUTOI	NOW!	IN CERT	ES, WERE	FINDING	GS USED OF DEATH?	?
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c. HOW IN	JURY OCCURR	- Inner			- hand	PART 2)	140	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	OFFICE FARM ETC)	211. LOCATION STREET	NC	-	CITY OR TO	WN //	cou	UNTY	STAI	TE
		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE		19, an	d that in (my)	(our) apinian d	, ta	an the do	ite and ha				
		22d. PHYSICIAN'S NAME (TYPE OR P		~ W	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC			811	9/8/	
	23a. B	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CI	373	CREMATORY	23d LOCAT						
	1	SPECIFY) Burial	8/21/1981	Meadowr	ridge		ETT?	RIOWN		COUNT	1.A	MY	A.E.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, th

Mitchell-Wiedefeld Home 6500 York Rd.

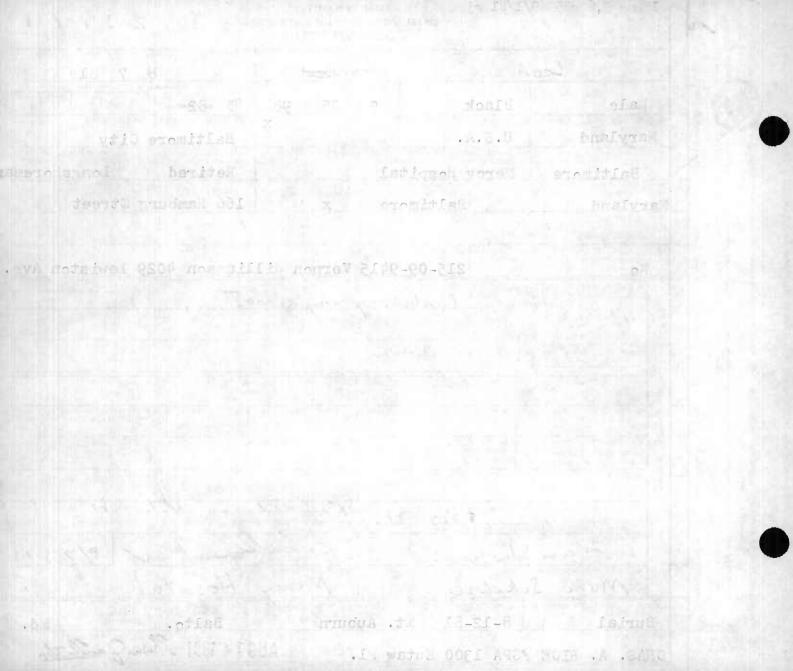


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN X 2a. DATE (TYPE OR PRINT) ESTI-V. 81 Ryan La Salle DEATH MATED 8 10 DAY YEAR 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 5, 1976 19 81 2:45 10 male white DEAD Apr Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A Maryland DIVORCED Baltimore City WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Sinai Hospital GES 1, 2, AND 3 TO M PM 3. RETAIN PA AND 2 SHOULD BE OF YITAL JECORDS. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS 13c. CITY OR TOWN (21209) 1311 Asbury Road Baltimore NO [Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LaSalle Charles Abbott Georgiana 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Mr. Charles B. LaSalle-1311 Sbury Rd. 214-94-0296 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning REMOVAL IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YESX 216. TIME OF INJURY approx 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 2:30 NONTH 8/ UNDERLYING OR while swimming 1981 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21E LOCATION 214 INJURY OCCURRED (AT HOME Jones Falls, Jones Falls Baltimore City. Mb WHILE AT WORK AT WORK X 220. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinian Inspection Suicide Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) 8/11/81 ACTUAL DATE Assistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME ADDRESS111 Penn Street, Baltimore, MD 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial 8/15/81 Jefferson Memorial Gdns. Alabama Birmingham, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Alan Seitz Funeral Homes 3818 Roland Ave. Thomas (VR A15 ME (5)) 15M 2/80

August of the state of the S haryland U.S.A x 1311 Asbury Most (2120H) exomidiae -- Danigram Charlen B. LaSelle Occurred and sub-books 211-91-0296 Pr. Charles B. Lassile-1311 Shury Ha. st John Malle Halley Telling Telling to the treet, the Burtal CALLANT Colference Ferrorial Cons. Birchurae, Alebana

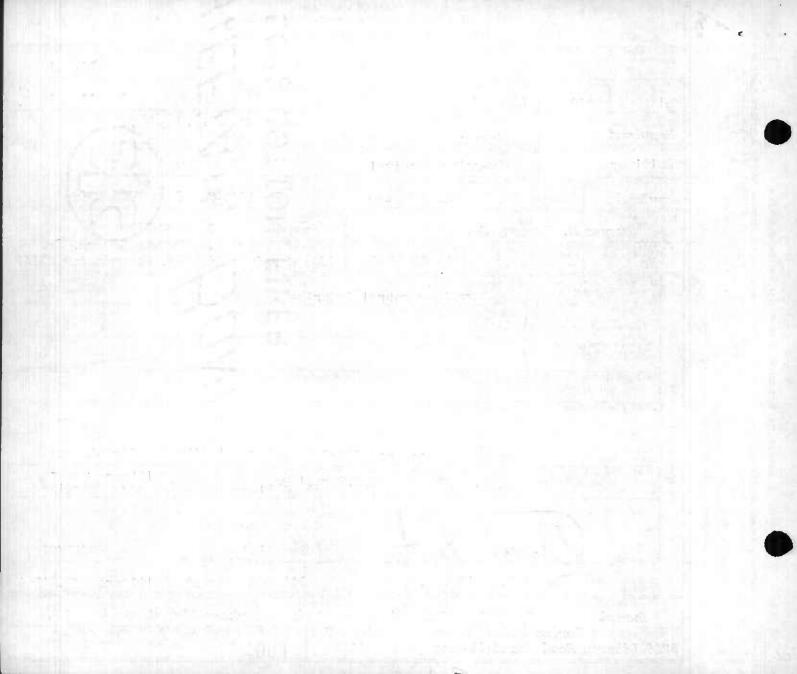
	SCEASED MANE				REG. NO			
	OF OR RRIVE	RST MIDDLE	Lau	20	D. DATE OF DEATH A	8 7	81	HOUR
3. 9	EX	4 RACE	5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRTH			UNDER 24 HRS
200	Male	Black	MONTH 2	5 98	83 -82	YRS	THS DAYS HO	OURS MIN
-	BIRTHPLACE (STATE OR FOREIT		OUNTRY? 8. MARRIED . N	EVER MARRIED 3	BALTIMORE CITY OR	COUNTY OF		T A
	Maryland CITY OR TOWN OF DEATH	U.S.A.	, NURSING HOME OR OTHE	DIVORCED [Baltimo		Zb. KIND OF BU	ICINIECC O
X		(IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)	K 1145111011014	TYPE OF WORK FOR MOST OF	WORKING LIFE)	NDUSTRY	
D Dis	Baltimore UAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION GIVE RESIDE	SDITAL NCE BEFORE ADMISSION)		Retired		Longs	nore
3 M:	aryland 136.	COUNTY 13c. CITY	timore 13d. INS	NO T	166 Hamb	urg St	reet	
14.	FATHER'S NAME FIRST	MIDDLE	LAST	THER'S MAIDEN NAME	? MIDDLE		LAST	
medical 16a	WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)		ORMANT	ADDRES			
	No	215	-09-9415 Ve	rnon Will	iamson 4	029 Le	ewisto	n Av
event,	PART I. DEATH WAS O	DUE TO, OR AS A CO	rdio-respira	tony curre	st		APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEAT
	Conditions, if ony, wh gove rise to immedicuse (o), stoting underlying couse le	DUE TO, OR AS A CO ich ofe the ost. ANT CONDITIONS CONTRIBUT	ONSEQUENCE OF	LATED TO THE TERMINA		20b. IF YES, WI		USED
6 STIFICATION	Conditions, if ony, wh gove rise to immedicuse (o), stoting underlying couse le	DUE TO, OR AS A CO ich offe the post. CANT CONDITIONS CONTRIBUT 196 CONDITION FOR	ONSEQUENCE OF ING TO DEATH BUT NOT RE	LATED TO THE TERMIN,	AL DISEASE OR COND 20a AUTOPSY? YES \[NO \[]	206. IF YES, WE IN CERTIFYING YES	IN PART 110 ERE FINDINGS G CAUSES OF 1	USED
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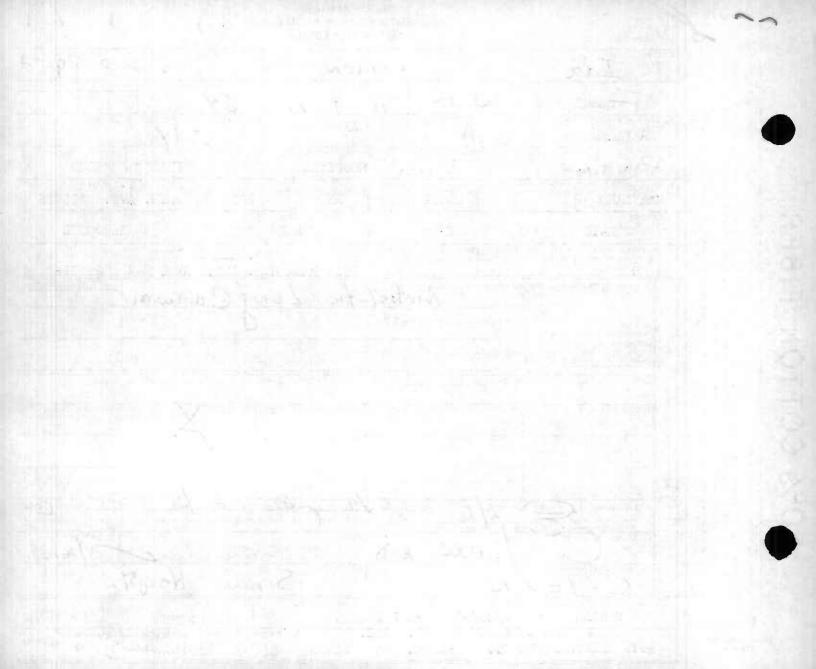


1	1-	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	201	12
- (M)		CEASED NAME FIRST RULE V	(YOUN		Lan		20 DATE OF DEATH M	AONTH DAY YEAR	26. HOUR 1:15 PM
ge mor	3. SEX	F	1 RACE /		5. DATE OF MONTH	2 5 1 9 3 7	6. AGE (IN YEARS LAST BIRTH 44	MONTHS DATE	YS HOURS MIN
Jeath. Par Jeath. Par Jeanneral dir		RTHPLACE (STATE OR FOREIGN DUNTRY) S.C.	76 CITIZEN OF WH		WIDOWED		Baltimore city or	e City	MD.
urs ofter dec]	or town of death	Church	CILITY, GIVE STREET AT	ospit	other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Disabled		D OF BUSINESS OR RY
tand 215	13e. S	TATE 13b COUL	NTY 13	e residence before a CITY OR TOWN Balto		3d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	em Ave.	
completely	1	THER'S NAME FIRST Mackie		iller		Hattie	MIDDLE	Bruns	on
be execution and c	16a. V	No	E WAR OR DATES)	SOCIAL SECUR 217 34 5	105	Ruth Brown		Road 2104	ROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs rattending physician and completely filled in by the this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonopapers. Pages I and 2 should be fille than Amental Hygiene prior to burial, cremation, or removal. orked on them 18 shows any injury, or other traumatic event, the medical exampler must be no orked on them 18 shows any injury, or other traumatic event, the medical exampler must be not account.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	S A CONSEQUE	naly	Insuffic	rency dispers	BETWE	yrs
that the decentral depth of the decentral dece		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	(c)	SACONSEQUEN Chlu	mato	id aril	VITU	10	
ecorbs, 20 ow requires been signe- mit. Then pl prior to buring, 0	CERTIFICATION	PART 2. OTHER SIGNIFICANT Ob es Ti	/			WAS PERFORMED	INAL DISEASE OR COND 20a. AUTOPSY?	20b. IF YES, WERE FIN	ADINGS USED
N OF VITAL RE SICIAN: The lo applysicion. certificate per indi-transit per ental Hygiene p		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		NJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO C	YES 🗌	NO 🗆
JISION OF VISION OF VISION OF VIEW SECIAL THIS CERTIFICATION THE buriel-from and Mental Handle Keed or Hem. 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF	INJURY , FACTORY, OFFICE, FA	19 ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n COUNTY	STATE
O o d e o E		27a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	8118	19_0	, onc	that in (my) (our) opinion	death occurred on the do	te and hour and from	, that (I) (we) last the causes stated
HOSPITAL OR ATTEN ned by the hospital PLONERAL DIRECTORS Flud be detached for us the State Dept. of He ORTANT. If them 21 is		224 STONATURE	? ma	reus	N	EGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F Q	2124 2124
TO HOSPITAL TO FUNERAL should be de with the Stort	22.	Robert L. BURIAL, CREMATION, REMOVA	marcus		IAME OF CE	BCH 4	140 Easter	m Ave,	Balt '
1604 BP	1	Burial	8-31-8			ourn Cem	23d LOCATION CITY OR TOWN Baltimor	e security	Md
DHMH-16 50M 7/77 (VR A 15 (4))		uneral director name rown/Thomps	on F.H. 1	ADDRESS 913 W.	Balte	250, DAT	93119812	aunces Jan	Thither

.svA Faire I Man 25,2 -clivi ci or I Prown/Thompson F. H. 1913 W. Porto, Ct.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN (TYPE OR PRINT) OF ESTI-11,0 81 Dwayne M. Lawson , Jr. 3. SEX A AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 11,9 81 18 12-26-62 Male White 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Mary land Baltimore City U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY not in such facility, give street address) FOR MOST OF WORKING LIFE! Baltimore SUAL RESIDENCE HEINNIE 131_CITY OR TOWN | 13d. INSIDE (ITY LIMITS? | 13. STREET ADDRESS | 13. STREET ADDRESS | 1502 Carriage Hill Drive Carroll Maryland Westminster 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME T. PAGES 1 AND DIVISION OF VIE Jean Dwayne M. Lawson, Sr. 17 INFORMANMY. and Mrs. Domesne Lawson, Sr. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 212-82-3863 1502 Carriage Hill Dr. Westminster, 21157 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEALT WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X 71a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ALM MONTH DAY YEAR UNDERLYING DOR driver in motorcycle/fixed object impact CONTRIBUTING CAUSE OF DEATH 4:05p.m. 8 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214. INJURY OCCURRED Baltimore County STATE Mt Starmel Rd CITYORTOWN Ballim AT WORK NOT WHILE roadway AT WORK described obave, held an Autopsy Inspection and in my apinian 22a. I certify that I to Suicide Undetermined monner death resulted frami al couses 8/12/81 DATE SIGNATURE MEDICAL EXAMINER Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn Street, Baltimore, MD.21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial MD. STATE Sykesville, Carroll 8/15/81 Lake View Mem. Park BP 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P. A. 1250 DATE REC'D. BY REGISTRAN SIGNATURE **DHMH-17** 8728 Liberty Road Randallstown, MD. 21133 VR A15 ME (5)





24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO LAST 20 DATE OF DEATH 2b. HOUR LORENA GLADYS LAZARZ 08 81 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 09 80 04 76 YRS 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED BALTIMORE CITY DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE 337 S. CALHOUN STREET HOUSEWIFE

YES TO

FIRST

LEOLA

13d INSIDE CITY LIMITS? 13e STREET ADDRESS

337 S. CALHOUN STREET NO [15. MOTHER'S MAIDEN NAME

ADDRESS 17 INFORMANT

LEE WENNICK 6513 PARR AVENUE, 21215 d. (b), and ici. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.

TH LOCATION

22e ADDRESS

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

IN OR TOWN

IN CERTIFYING CAUSES OF DEATH? NO I

20b. IF YES, WERE FINDINGS USED

COUNTY

BENTON

STATE

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

3350 WILKENS AVENUE, 21229

23d. LOCATION

SYKESVILLE

CITY OF TOWN

CARROLL

21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 1/BI (VRA 15, 4)

Burn a light of the Street Car and Street COMPANY OF THE PROPERTY OF THE PARTY OF THE CHECKLES CHARLES CHECKLES THE THE AND BEEN LOSSIES OF MAINTENANT Continuent Exact Assertion AND STREET STREET, STORE STORE AND AND AND ADDRESS OF THE STREET, STORE AND ADDRESS OF THE STREET, ADDRESS OF T **ABRAHAM**

CERTIFICATION

STATE OF MARYLAND

SACHS

- STATE REGISTRAR		DEFARIM	CERTIFICA			REG.	NO.	0	,		0
1. DECEASED NAME FIRS	I M	IDDLE	LAST	10000		20 DATE OF DEATH	MONTH	DAY Y	EAR	26 HOL	JR
SAMUEI			LAZER	WO		August 13,	1981		-	10:	50P
3. SEX	4 RACE		5 DATE OF BI	RTH		6. AGE (IN YEARS LAST I		IF UNDER	1 YEAR	IF UNDER	
MALE	CAUC	CASIAN	JULY	29,	1912	69	YRS.	MONTHS	DA15	HOURS	MIN.
OUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED X	XNEVER N	ARRIED -	9 BALTIMORE CITY		Y OF DEA	TH		
MARYLAND	U.S.A		WIDOWED		ORCED	BALTIMORE	CITY				M
10. CITY OR TOWN OF DEATH BALTIMORE	NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A HOPKINS			ITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST LIBRARIA	OF WORKING L	FE) INDU		E BUSINI	
13u. STATE		BALTIMOR	1 136	INSIDE CI	TY LIMITS?	13e STREET ADDRESS 5909 EAST		DR.	#2	1209)
14 FATHER'S NAME			15.	MOTHER'S	MAIDEN NA	MF					

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANMRS. SYLVIA LAZEROW 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 5909 EASTCLIFF DR. #21209 WWII ARMY 053-24-6906 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Philler Fo RESPINA TON-IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF CHNORICE PRIBILITATION Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse saunmou 10 CHKONIC

IDA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

LAZEROW

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

NO YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from

10: saw the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death

22e. ADDRESS

226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

22d PHYSICIANS NAME (TYPE OF PRINT) criscualo GREGON-

230 BURIAL, CREMATION, REMOVAL

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION BALTIMORE

DIRECTOR

MD STATE

COUNTY

STATE

(SPECIFCREMATION 8-15-81 LOUDON PARK 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

236. DATE

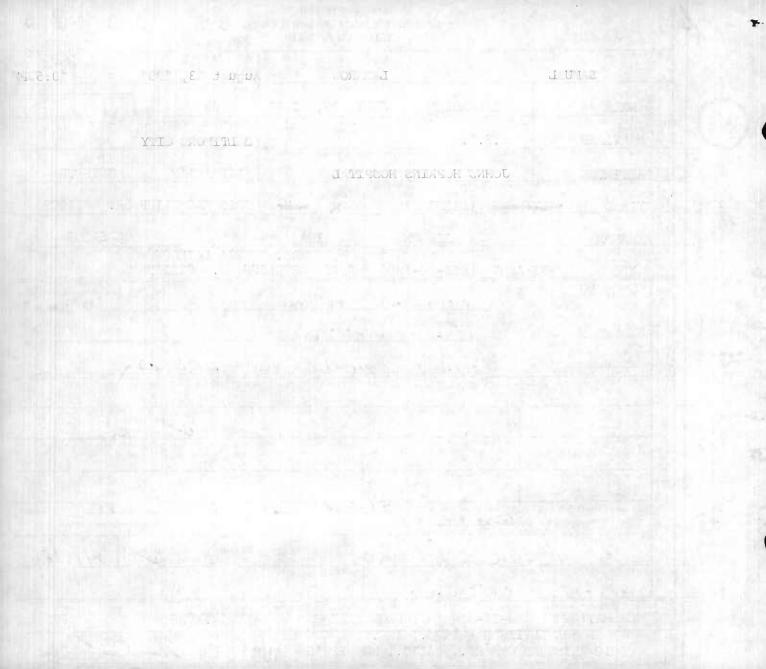
6010 REISTERSTOWN RD., BALTO., MD 21215

MIDDLE

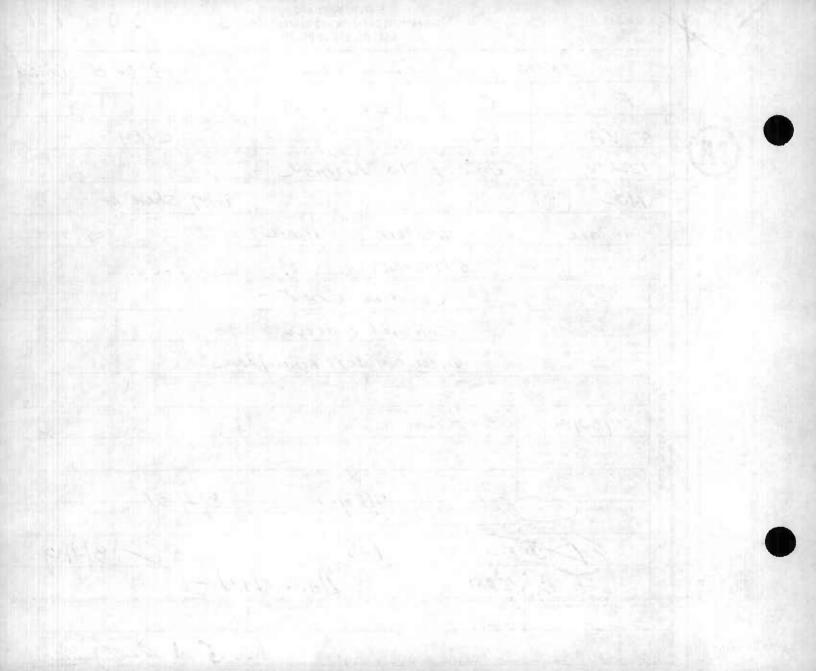
CITY OR TOWN

(VRA 15, 4)

DHMH - 16 50M 1/B1



& of	1	FOR - STATE REGISTRAR		DEPARTA	STATE OF MARYLAN MENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGI	ENE 8 I	2 0	777
be oge 3 death	{TYF	E OR PRINT)	RMA	MIDDLE	LEDVELL			MONTH DAY	26 HOUR OO: BAM
oge 4 ma rectar, p	3 SE	× F	4 RACE		5. DATE OF BIRTH MONTH DAY 02 06	YEAR 21	AGE (IN YEARS LAST BIR	(HDAY) IF UNDE	RIYEAR IF UNDER 24 HRS
Gooth, Po	70 B	RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MA	ARRIED	BALTIMORE CITY O	R COUNTY OF DE	ATH MD.
201 201 201 201 201	R	POLIN	M Not in Suc	ACILITY, GOVE STREET	GHOME OR OTHER INSTIT	UTION	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK F	WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
AND 21:		AL RESIDENCE IN NURSING	AACO	130 CITY OR TOW West Ri	ver 13d. Inside City		3. STREET ADDRESS	shore Dr	
ompletel	2	ATHER'S NAME PREST/MER	WIDDIE	whit		ABEL	MIDDLE		gilmore
be execution and c		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? F YES, GIVE WAR OR DATES)	579-18-	. 10		ADDRE		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician. Where this certificate has been signed by the attending physician and completely filled in a site burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be that and Mental Hygtene prior to burial, cremotion, or removal. The nod Mental Hygtene prior to burial, cremotion, or removal. The nod Mental Hygtene prior to burial, cremotion, or removal.		18 CAUSE OF DEATH (B PART I. DEATH WAS	Enter only one couse per CAUSED BY: MEDIATE CAUSE (o)	line for (a), (b), and	dice are	st-		8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
death ce		J396 Conditions, if ony, w	DUE TO, O	RAS A CONSEQUE	NCE OF anox	ia			
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RDS, 20 squires t signed Then ple to burio	NO	PART 2 OTHER SIGNIFI			EATH BUT NOT RELATED TO			DITION GIVEN IN F	PART IIo:
TAL RECOR	CERTIFICATION	07/30/8		ition for which	OPERATION WAS PERFORM	MED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
SICIAN: TI gg physicia gentificate entificate rial-transit		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	JRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	
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ATTEND spirol o Spirol o CTOR: A for use of Heal		274 I certify that If (the saw the december obove, (I) (we) (did)	s hospital) attended the free on (did not) yew the body	10	, and that in (my) (a	iur) apinion de	oth occurred on the do	te and hour and fr	, that (I) (we) last
PITAL OR A by the hos by the hos ERAL DIRECTERAL DIRECT	W	22b. SIGNATUR	riton	over degrin.	DEGREE ATT	TENDING	MEDICAL STAP	F / 7	BAIESIGNED
HOS sined FUN ould b		22d. PHYSICIA 'S NAME	BotERI		22e ADDRESS	iv. of	119 -		1 1
BP		BURIAL, CREMATION, REA (SPECIFY) Burial	8-6-81		AME OF CEMETERY OR CRI	EMATORY	23d. LOCATION CITY OF TOWN Suitland	PGCo Ma	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME ATTOO STU FH 1		ADDRESS			REC'D. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE 21



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME 2h HOUR eand 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX DATE OF BIRTH IF LINDER 24 HRS 11 6 9YRS TO. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BALTO . MARRIED NEVER MARRIED USA BALTIMORE CITY WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE AGNES HOSPITAL RETIRED DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD. 1911 HARLEM AVENUE BALTIMORE YESX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WIDDLE MIDDLE GEORGE LEE NOVELLA THOMAS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 217 - 07 = 0177VIRIGINIA LEE (DECEASED) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DENTH 8-9-01 uncontrolable IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF DESEASE METASTATIC Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF 1977 underlying couse lost. THE STOMACH CLECINOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 71h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL I IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE AT WORK Va.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an , and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deta with the State IMPORTANT: H FUNERAL old be detended the Stote DIRECTOR PHYSICIAN PHYSICIAN 226. PHYSICIAN'S NAME ITYPE OF PRINT 27e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CEM . CITY OR TOWN ISPECIFY) BURIAL 8/13/81 BALT'TMORE, MD. KING MEMORIAL 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 1101 E. NORTH AVENUE (VRA 15, 4) MARCH F/H

Grange Williams to 165

REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (TYPE OR PRINT) HARRY LEES REGISTRAR REG. NO. 20. DATE KNOWNXX MONTH DAY YEAR OF ESTI-DEATH MATED 8-23-81	26. HOUR
HARRY LEES DEATH MATED 8-23-81	
	4.4
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR NONTH DAY YEAR 1. LAST BIRTHDAY) TO YEAR Sept 2 1905 75 YRS. 4. RACE White 5. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 8-23-81	111:244 PA
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York 11. S. A. WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTRY OF DEATH BALTIMO	
110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1120. USUAL OCCUPATION (TYPE OF WORK	ance MD.
II. FATHER'S NAME FIRST Unknown III. MOTHER'S MAIDEN NAME Unknown Unknown	
136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. TREET ADDRESS 136. INSIDE (ITY LIMITS? 136. TREET ADDRESS 136. INSIDE (ITY LIMITS? 136. TREET ADDRESS 140.0 N. Charles St 21218 15. MOTHER STREET ADDRESS 15. MOTHER STREET	
18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Blunt injury to head IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	SET AND DEATH
APPROXIMENT OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Blunt injury to head IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate (b) APPROXIMENT OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Blunt injury to head Canditions, if any, which gave rise to immediate	
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Sying cause last. (c)	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 216. HOW INJURY OCCURRED. (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	YONLY)
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22a. I certify that I took charge of the remains described above, held an Autopsy XX, Inspection . Inquiry . and in my apinion death resulted fram: Natural causes . Accident X, Suicide . Hamicide . Undetermined manner .	
death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	81
SIGNATURE SIGNED MEDICAL EXAMINER SIGNED	
PARTY OF THE CHANGE OF THE PROPERTY OF CREMATORY 236 LOCATION CHANGE OF CHAN	
BP Cremation 8-25-81 Greenmount BaltimoreWary	and
DHMH-17 (VRA15 ME (5)) 15M 2/80 24 FUNERAL DIRECTOR NAME ADDRESS Mitchell-Wiedefeld Home 6500 York Rd 21212 AUG 2 6 1981 AUG 2 6 1981	

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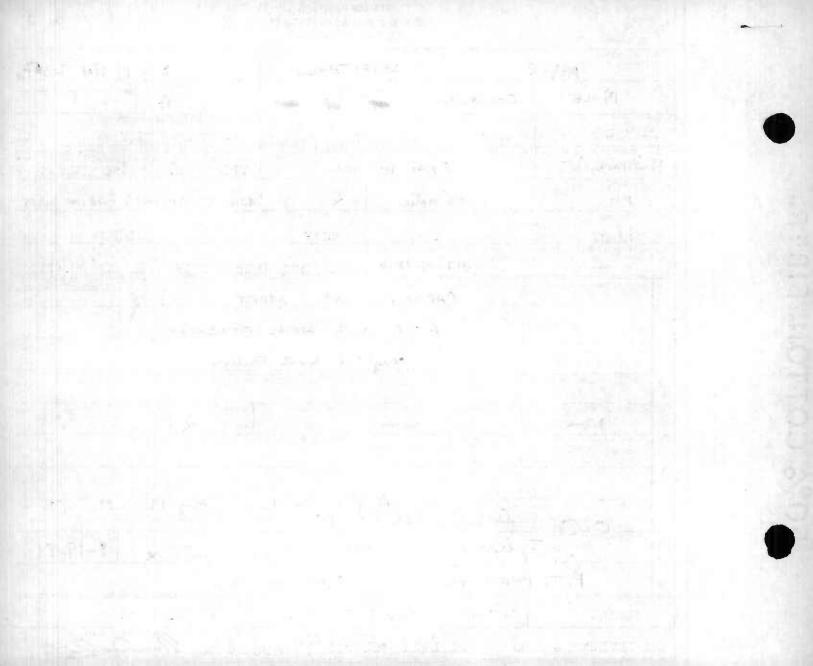
H	FOR STATE REGISTRAR			DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		REG. NO.	2 0 /	8 2
	1. DECEASED NAME			DDLE	l	AST		E OF DEATH MONTH	DAY YEAR	26 HOUR
nay be page 3 or death		GRACE		L LEIPO				UST 4,1981		4 HM
ar 4 ma Itar, po offer o	3. SEX Female	4.	RACE White	T SELVER	5. DATE C	31,1913 YEAR	6. AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
EME 35	Marylar	TATE OR FOREIGN 76.	CITIZEN OF W	'HAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED [MORECHYORCOUR Baltimore C		MD.
- 11 bc	10. CITY OR TOWN Baltimo	mo	1622 K	FACILITY, GIVE STREET A	ADDRESS)	R OTHER INSTITUTION	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF WORKIN Ceacher	IG LIFE) INDUSTRY	ation
AND 2120	USUAL RESIDENCE 130. STATE Marylar	(IF NURSING HOME OR OTI 13b. COUNTY	HER INSTITUTION, G	ive RESIDENCE BEFORE 3c CITY OR TOWN Baltimor	ADMISSION)	13d. INSIDE CITY LIMITS!) 13e. STE	REET ADDRESS 622 Kingsw	ay	
MARYLA maked within and 2 sho	14. FATHER'S NAME FIRST Hen		DDLE	LAST		15 MOTHER'S MAIDEN FIRST Cather	NAME	eimiller	LA	
IMORE,		EVER IN U.S. ARME	D FORCES?	166. SOCIAL SECUI 214-40-4]		Henry Mombe	erger	701 ASteven Towson, Mc	1.	XIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician. When this certificate has been signed by the attending physician and completely filled in as the burial-stronsit permit. Then please remove carbon papers. Pages 1 and 2 should be fill than Amental Hygiene prior to burial, cremation, ar removal. The shawgony injury, or ather traumatic event, the medical examiner must be acked at them 18 shawgony injury, or ather traumatic event, the medical examiner must be acked at them.	Conditions, gave rise cause (a), underlying PART 2. OTH 19a. DATE OF	ER SIGNIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) NDITIONS COI	AS A ONSEONE NTRIBUTING TO D	NCE OF	V. dis NOT RELATED TO THE TE N WAS PERFORMED	200 YES	AUTOPSY? ZÓB. IF	EYES, WERE FIND ERTIFYING CAUSE YES	INGS USED
TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has beel should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If them 21 is marked or them 18 showgony	OR CONTRIBUTI (IF EITHER, NO 21d. (N) JURY (WHILE AT WORK 22a. I certify Sow the IDDUCT. 22d. PHYSICI.	WAS UNDERLYING CONTROL OF THE CONTRO	P.M. 21e. PLACE O (AT HOME, STREI) ottended the	M. D.	7'L.	216. LOCATION STREET 216. LOCATION STREET , 19 6 d that in (my) (and apin DEGREE ATTENDING PHYSICIAN 22e ADDRESS: 11 W. 29th	, ta.	CAL STAFF TOR PHYSICIAN ☐ Baltimore,	Line the DATE	
2759 BP	Buria		23b. DATE Aug. 7	,1981	Dru	emetery or cremator id Ridge	Pi	LOCATION CITY OR TOWN KESVILLE, I	county Baltimore	STATE Md.
Jeh DHMH-16 30M 2/80 (VRA 15, 4)	Mitchell	-Wiedefeld	d Home,	Inc.	6500 Balto		1 0 1	181 Minus	Jantes	

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-	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
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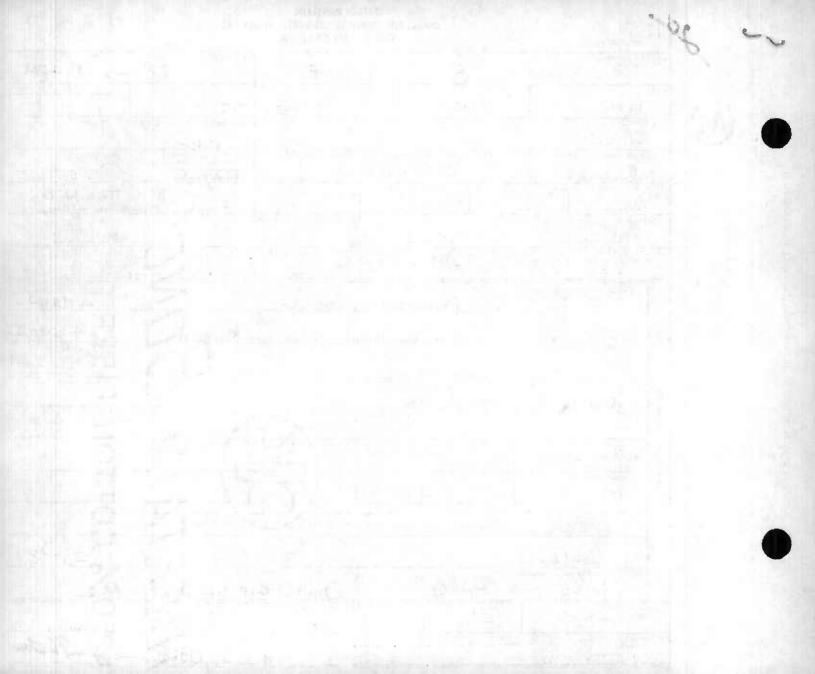
K A		CEASED NAME FIRST	HEATT S	MIDDLE	LAST		20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOU
IVI	_	Lloyd		W. L	etten,	SR.	August 2	22, 19	81	3:10
_	3. SE		4 RACE		5. DATE OF BIRTH	5 1890	6 AGE (IN YEARS LAST BIR	RTHDAY)	ONTHS DATE	IF UNDER
ai.	70 B	Male IRTHPLACE (STATE OR FOREIGN		hite	12	5 1890	90	YRS	OFFICATIO	
61	COUNTRY) Mississippi		issippi U.S.A. WIDO			DIVORCED	Baltimore City OR COUNTY OF DEATH Baltimore City			
S/Ailfied		Baltimore	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET ADD AND Genera	DRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Sales Re	OF WORKING LIFE	12b. KIND C INDUSTRY Cemet	
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S Zamine	14. F/	ATHER'S NAME FIRST Charles	WIDDLE	Letten	15 MO	THER'S MAIDEN NAME FIRST Rosa			145	NOWN
3		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) Yes	GIVE WAR OR DATES)	433-10-30		ormant e Marie Ha	arbaugh 95		mford, ood Dr.	
6		IMME	DIATE CAUSE (a)	Sept:	ic Shock	k		Twent	y-four	Hou
njury, ar ather traumatic ev	NO	Conditions, if ony, which gave rise to immediate cause io, stating the underlying cause lost	DUE TO, CO (b) DUE TO, CO (c)	DR AS A CONSEQUENC	CE OF		INÂL DISEASE OR CON			
ony injury, or	TIFICATION	Conditions, if any, which gave rise to immediate cause iah, stating the underlying cause last	DUE TO, CO DUE TO, CO (c) TO CONDITIONS C	DR AS A CONSEQUENC	CE OF CE OF ATH BUT NOT RE	LATED TO THE TERM	200 AUTOPSY?	DITION GIVE	WERE FINDING CAUSES	NGS USED
18 supers and influx, or	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause ion, stating the underlying cause lost	DUE TO, CO DUE TO, CO TO DUE TO, C	OR AS A CONSEQUENCE ON TRIBUTING TO DEA ONTRIBUTING TO DEA ONTRIBUTION FOR WHICH OF	CE OF CE OF ATH BUT NOT RE PERATION WAS	LATED TO THE TERM PERFORMED		DITION GIVE 20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	a.
6 Shows any injury. or	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause ion, stating the underlying cause last PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO, CO DUE TO, CO OUE TO	OR AS A CONSEQUENCE ON TRIBUTING TO DEA ONTRIBUTING TO DEA ONTRIBUTING TO DEA ONTRIBUTING TO DEA ONTRIBUTING TO DEA ONTRIBUTION FOR WHICH OF	CE OF CE OF ATH BUT NOT RE PERATION WAS YEAR 19 211, LG	LATED TO THE TERM PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
Hem 21 is marked at Hem 18 shows any injury, or		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED	DUE TO, C (b) DUE TO, C (c) NT CONDITIONS C 19b. COND 19b. COND 21b. TIME C HOUR A HUNER) 21e. PLACE (AT HOME ST	OR AS A CONSEQUENCE ON TRIBUTING TO DEA ONTRIBUTING	CE OF CE OF ATH BUT NOT RE PERATION WAS YEAR 19 211, HO M, ETC.) 211, LO	PERFORMED OW INJURY OCCURR OCATION STREET 19 0 (90) (our) opinion of	200 AUTOPSY? YES NO CITY OR TO CITY OR TO , to August death accurred on the di	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FIND IN YING CAUSES (A COUNTY) COUNTY 9 81 , and I ram the 22t. DATE	NGS USED OF DEATI NO st that X (w causes sta
Hem 18 shows any injury, or		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O INFEITHER, NOTIFY MEDICAL EXAMPLE AT WORK 216 INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that 2% (this h saw the deceased alive above, 2% (we) (did) (d)	DUE TO, C (b) DUE TO, C (c) NT CONDITIONS C 19b. COND 19b. COND 21b. TIME C HOUR A HUNER) P 21e. PLACE (AT HOME ST COSPITATION ST C	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ONTRIBUTING TO DEA ONTR	CE OF CE OF ATH BUT NOT RE PERATION WAS YEAR 19 21c HG 19 M, ETC) 21l LG DEGREE 22e AU 22e AU 22e AU	PERFORMED OW INJURY OCCURR OCATION STREET 19 81 n (70) (aur) opinion of PHYSICIAN DESS	280 AUTOPSY? YES NO CITY OR TO CITY OR TO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA 22 1 ote and hour FF. IAN Hospi	WERE FINDING CAUSES COUNTY 19 81 and Irom the 22c DATE 8/22	NGS USED OF DEATI NO st that X (w causes sta

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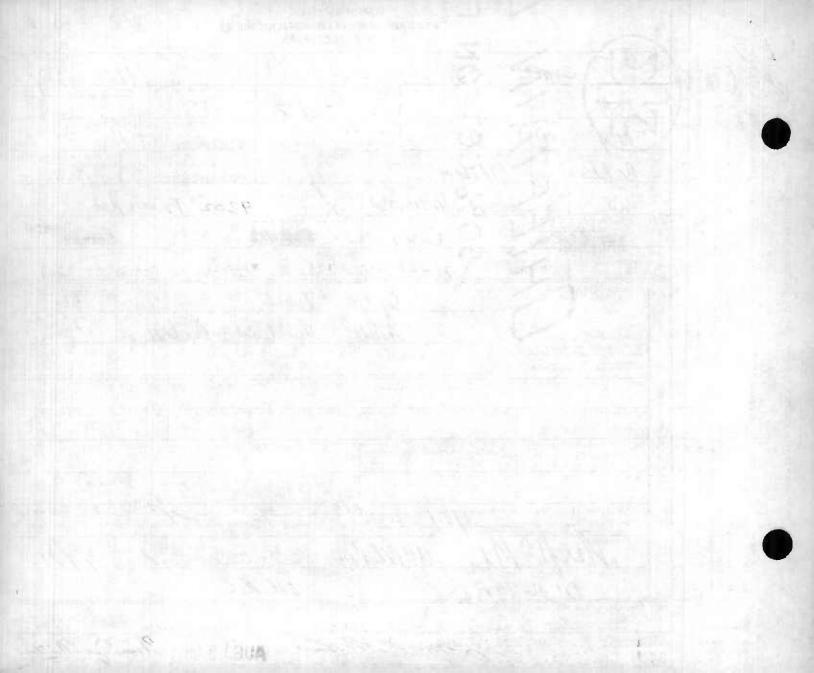


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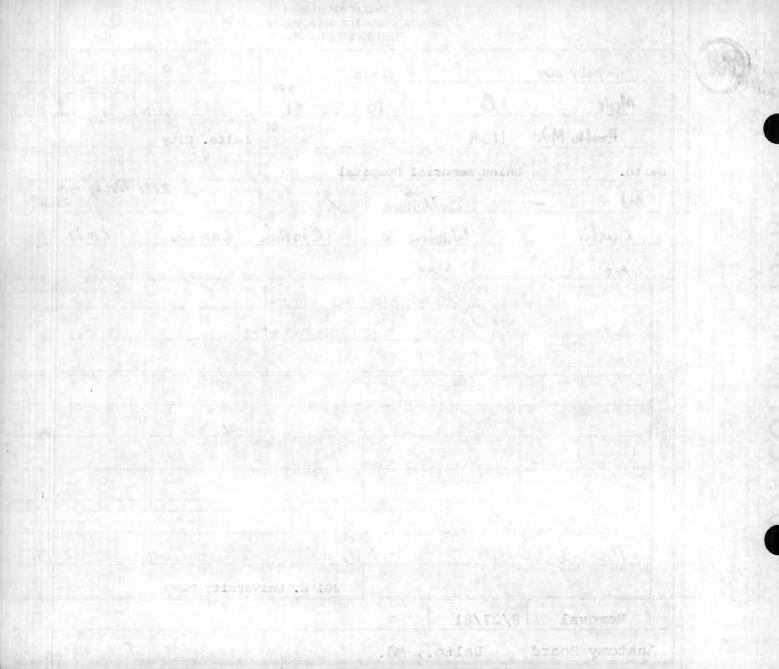
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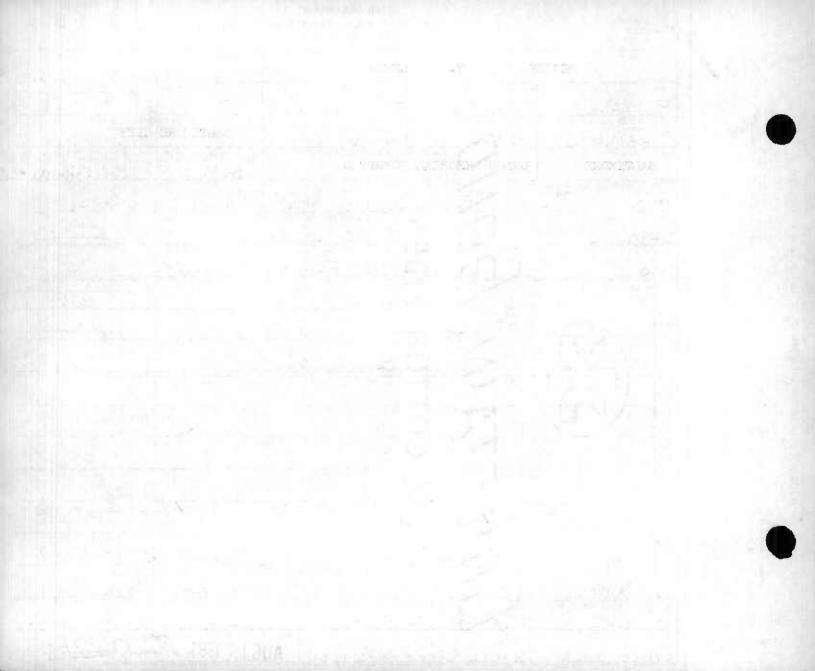


8434 Ga. Ave., S.S. Md.



	1	STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	
200		CEASED NAME FIRST	WIDDLE	LAST	47	INTH DAY YEAR 26 HOUR
rs after	(1111	Baby Boy		Lewis	8	- ZZ-8/ 930F
	3. SE	x	4 RACE	S. DATE OF BIRTH 748 PM	& AGE (IN YEARS LAST BIRTHD	
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	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	PY2 8	9 BALTIMORE CITY OR C	
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thing to 7.	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUI	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	
the day	Di	7.4.4	(IF NOT IN SUCH FACILITY, GIVE ST		ITYPE OF WORK FOR MOST OF W	
e filed		AL RESIDENCE (IF NURSING HOME O	Union Memoria			1904 T. 1 A
9 P	13a S	STATE IN COU		OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2	781 111014 AVE
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IN DAM	14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE®	LASI .
		Cuntis	J William	ns SR Cynthia		Lewis
dicol /		VAS DECEASED EVER IN U.S. AF		ECURITY NO. 17. INFORMANT	ADDRESS	
Poges		YES, NO OR UNKNOWN) (IF YES, GE	IVE WAR OR DATES)	0		
physicion papers. moval.			nly ane cause per line lar (a), (b)		4	APPROXIMATE INTERVA BETWEEN ONSET AND DE
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ofion, froum		Conditions, if any, which	DUE TO, OR AS A CONSE		fy	
emotion er froum		gove rise to immediate couse (a), stating the		ne prematuri	ty	
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gned by the attern please remover buriol, cremation iny, or other traum	z	gove rise to immediate couse (o), stating the underlying cause last.	(b) <u>extrev</u> Due to, or as a conse	ne prematuri	MIN AL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)
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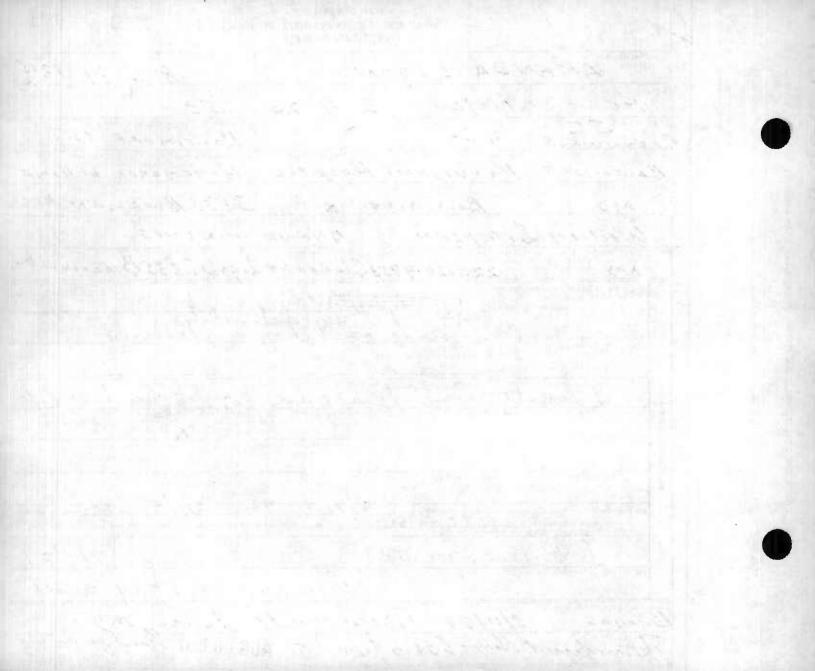




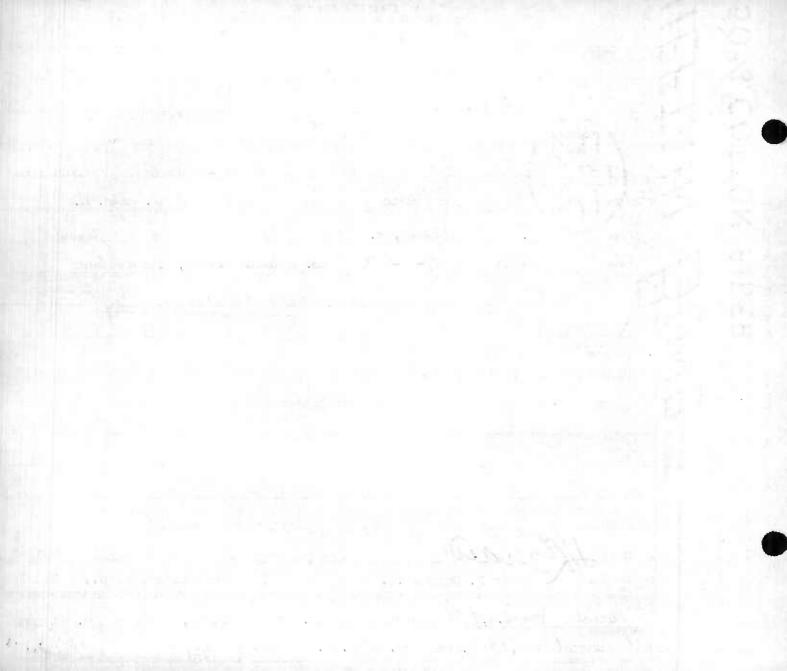
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1	1.	STATE REGISTRAR	DEPAK	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		20110
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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Page 4		MALE	WHITE	4 11 02		RS.
	7 B	COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED	BALTIMORE CITY OR COL	INTY OF DEATH
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iDS, 201 W. PRESTON ST., BA quires that the death certificat signed by the attending physic hen please remove carbon pap to burial, crematian, ar remova njury, ar ather traumatic event, i	7	Conditions, if any, which gave rise to immediate couse (0), stafting the underlying couse last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	recorder C	acl's Vosc. A	isace pers
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TTEN pital TOR far u of He		sow the deceased grive a	on 19.	and that in (my your) opinio	n death accurred on the date and	hour and from the causes stated
OR ATTEN he hospital DIRECTOR, ached for un Dept. of Hem 1 is		276. SIGNATURE	, lohan	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ital Oby the BRAL D State D State D State D		22d. PHYSICIAN'S NAME (TYPE	Neg	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	
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BP	23a. 6	URIAL, CREMATION, REMOVA SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	Baltimore, Ma	arvland State
DHMH-16 30M 2/80				Catonsville. Md 250. D.	ATE REC'D. BY REGISTRAR 25 KE	
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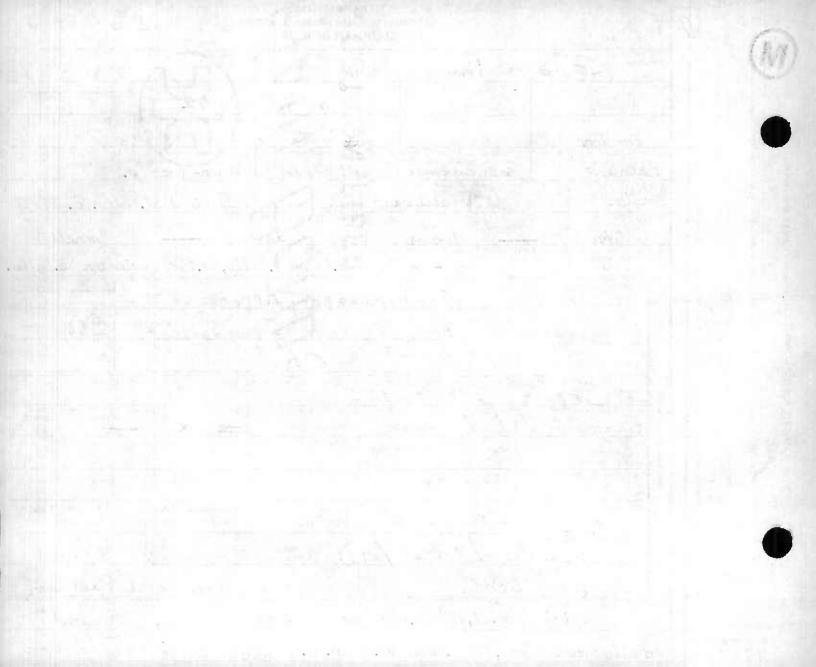
5	fr	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 20/9 CERTIFICATE OF DEATH STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.
poge 3	(TYP	CEASED NAME FIRST MIDDLE LIST 20. DATE OF DEATH MONTH DAY YEAR 20 HOUR E OR PRINT) AMANDA LIGON 8 6 8/ 13'3
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ond 2 s	14. F.	William Drn pson 115 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME Aller w. Selences LAST
be execu		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IVES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-20-4953 CLAR UNCO LIGHT 3833 BUAZIMAN IN 18
quires that the death ce signed by the attending hen please remove carb to buriol, cremotion, or rejury, or other troumatic	2	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS COMPIBILITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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SICIA ng p certif uriol-t	MEDICAL CER	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART OR PART 2] OR CONTRIBUTING CAUSE OF DEATH 400. MONTH DAY YEAR 19 LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
TO DHA To offer this os the Ith and	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
OR ATTEND e hospital o DIRECTOR. v oched for use Dept. of Hen f Hem 21 is m		22a. I certify that (1) (this hospital) attended the deceased from 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19
ral y th y th deto		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B 8/7/8/ 22d. PHYSICIAN'S NAME (1YPE OR PRINT) 22e ADDRESS
TO FUNE should be with the SI	230	QUILL CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION GOTOWN STATE (SPECIFY) WAS MORN PK GROWN STATE
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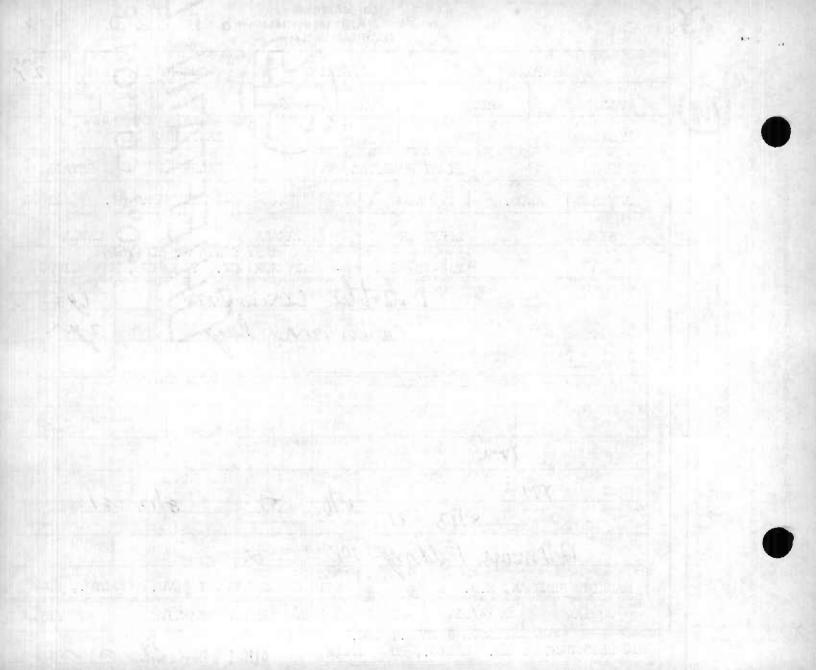
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN TYPE OR PRINT OF ESTI-Stanley DEATH MATED Thad 4 RACE DATE LAST BIRTHDAY) PRONOUNCED white male DEAD 50 3:30 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED arolina WIDOWED DIVORCED Baltimore KIND OF BUSINESS OR INDUSTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2, AND 3 TO T 3. RETAIN PA SHOULD BE F Baltimore Baltimore General Hospital 13e STREET ADDRESS Maruland Durst 14. FATHER'S NAME MIDDLE MICHA Nannu 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OF JUNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Carlotta Lilley. Same as above es Korean 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, D
RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ISE (o). Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF YES NO 🗔 3 SHOULD BE 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FIC 1 STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 22e I certify that I took charge of the remains described above, held on Autopsy and in my opinion Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL 9/1/81 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street, Balto., MD 21201 Hormez R. Guard, M.D. EXAMINER'S NAME (TYPE OR PRINT 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Meadowridge Mem. Park Jorseu 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Tilly Funeral Home, 1300 Fort Ave. Balto. Md. (VR A15 ME (5)) 15M 2/80

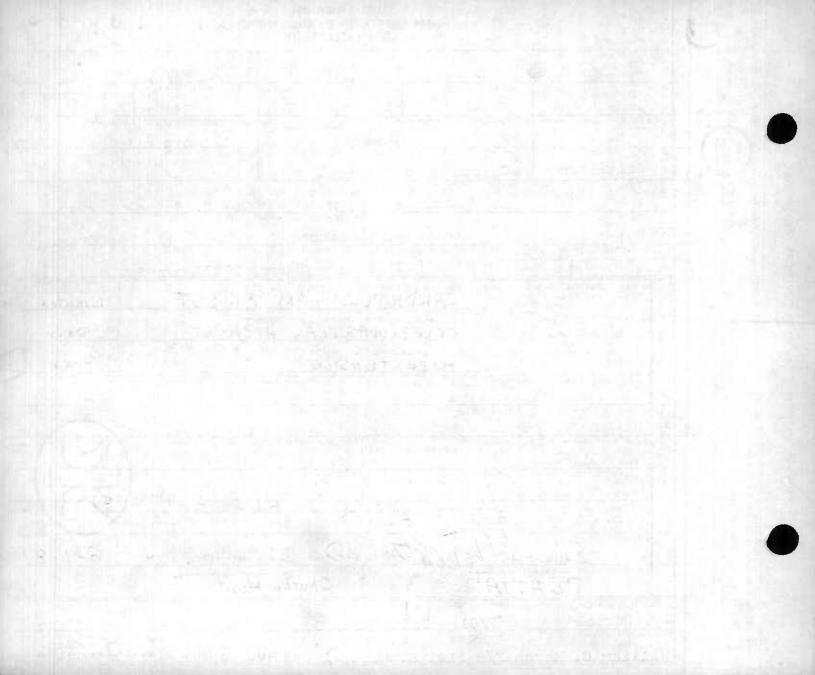


6	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.
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e 4 m ctor, p	femalo	MONTH DAY YEAR MONTHS DAYS HOURS MIN
Page . Pa	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTY OF DEATH
decoth decoth	Maruland	USA WIDOWERD DIVORCED DISACTEMORE City MD.
softer is ofter in the filed with	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) South Bultonine General Hospital 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WO
LAND 2120 LAND 2120 iin 24 hours should be file erfmust be no	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]
Markely and 2 sh	14 FATHER'S NAME	MIDDLE LAST FIRST MIDDLE LAST
≥ 9 E 0 600	John	Lacher Annie Connelly ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE, cote be executed to appris. Pages 1 your. Pages 1 you.	160 WAS DÉCEASED EVER IN U.S. A (YES, NO OR YNKNOWN) (IF YES, G	215-18-7736 Mr. Lervy R. Lilly, Jr. 1529 (ovington St. Balto.
ST., BAL' ertificate g physicic on poper- removal. event, thi	PART I. DEATH WAS CAU	only one couse per line for (a), (b), and (c) SED BY: IATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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IAL OR y the h RAL DIR detache ate Dep	Sleg	ATTENDING MEDICAL STAFF 8/18/81
TO HOSPITAL retained by 1th TO FUNERAL should be det	220. PHYSICIAN'S NAMP (TYPE Stephen	Doben SBGH, 3001 S. Hanover St. Balterine
2 % 2 % \$ X	230 BURIAL, CREMATION, REMOVE (SPECIFY) Burial	
DHMH - 16 50M 1/76	24 FUNERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 254 AGGISTRAR'S SIGNATURE
(VR A 15 (4))	Mc ully Funeral	Home, 130 E. Fort Ave. Balto. Md. AUG 21 1981 Frame Down Marthy



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
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	3. SE	x emale	4 RACE White		5. DATE O	6, DAY 1915 EAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
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7	В	altimore	Mercy	Hospital	ADDRESS]	dr other institution	OSUAL OCCUPAT (TYPE OF WORK FOR MOST O Dieticiar	OF WORKING LIFE)	INDUSTRY	of Conn
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0		Roy	MIDDLE	Blauer		Emma Erst	MIDDLE		pper LAS	T
2		VAS DECEASED EVER IN 1 YES, NO OR UNKNOWN) (18	J.S. ARMED FORCES? EYES, GIVE WAR OR DATES)	166 SOCIAL SECUI 522-24-4		Charlotte Wo	od, 926 Wil		ive 21	227
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7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDIN	IGS USED OF DEATH?
9	MEDICAL CER	71a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE	E OF DEATH HOUR A./ XAMINER) P./ 21e PLACE (A. MONTH DA	19	211 LOCATION STREET	ED (ENTER NATURE OF INJU		COUNTY	STATE
		22a.1 certify that (I) (this saw the deceased a obove, (I) (we) (did) 22b SIGNATURE		19		, 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19	, to death occurred on the d MEDICAL STA DIRECTOR PHYSIC	FF _		
	220 0	22d PHYSICIAN'S NAME MUNC BURIAL, CREMATION, REA	Sokolow	122	AME OF C	Mercy	Hospital	/		
		SURTAL, CREMATION, REA	NOVAL 236. DATE	. 23(N	AME OF C	EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE

BP. DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shaws

Burial B/25/B1 Maplewood Cemetery

14 FUNERAL DIRECTOR 1630 Edmondson Ave., BaltimoreMd.

Witzke Catonsville Funeral Home, P.A. 2122B

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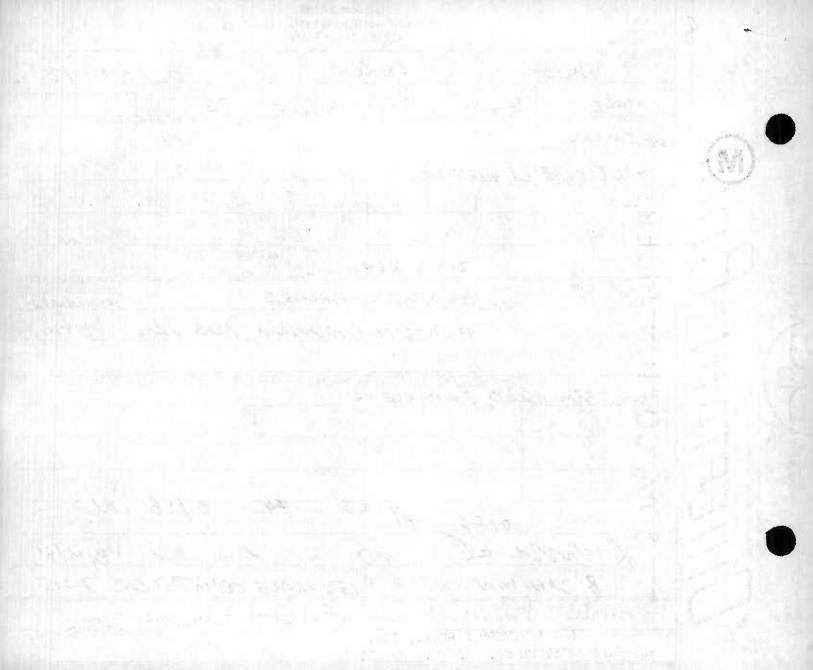
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t OR the ho I DIRE stocke e Dep		226. SIGNATURE Joseph Degree ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED
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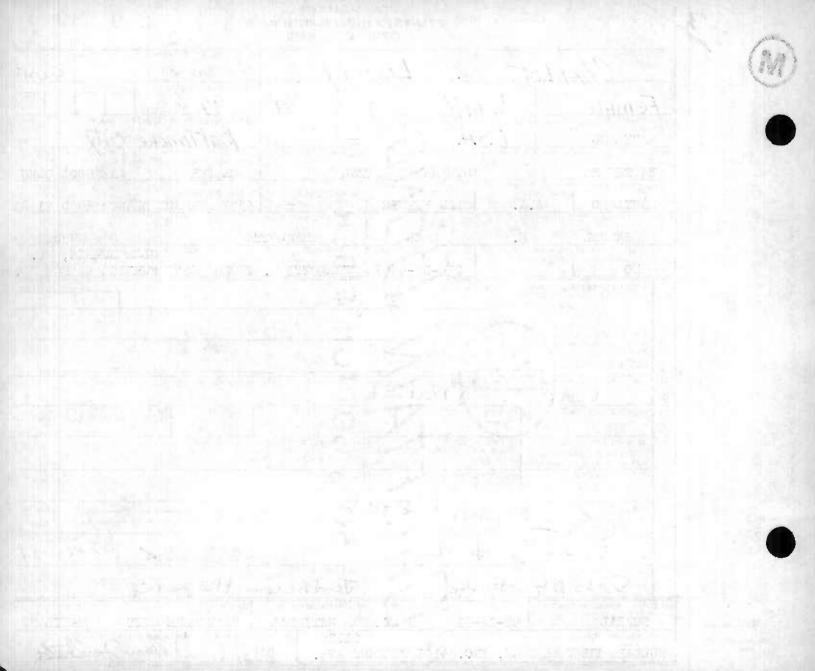
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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(VRA 15, 4)

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Brown/Thompson F. H. 1913 W. Balto. St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burnol-transit permit. Then please remove carbompape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

FOR DEPARTMENT OF REGISTRAR CERT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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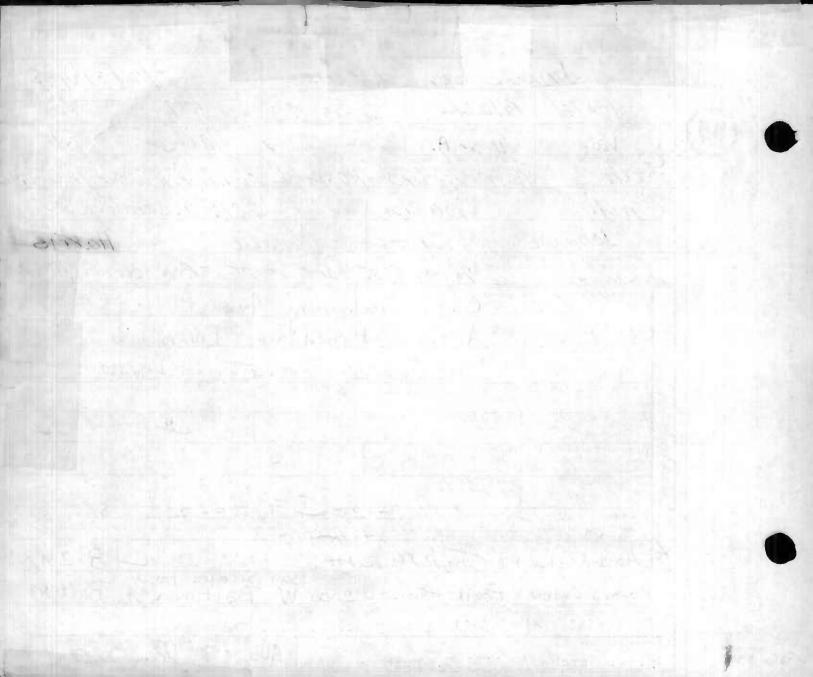
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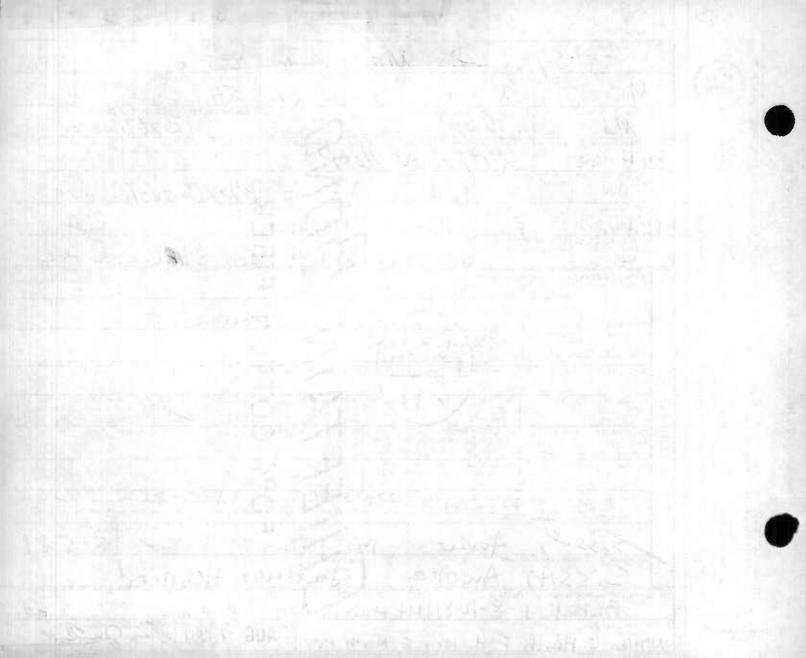
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DHMH-16 30M 2/80 (VRA 15, 4)	Wm. C. March F/H 1101 E. North Avenue	£





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DHMH-16 30M 2/80 (VRA 15, 4)	THE FUNERAL DIRECTOR WAME VERNON R. BAILEY 13 VY. N. Colhown AUG 2 5 1981	-

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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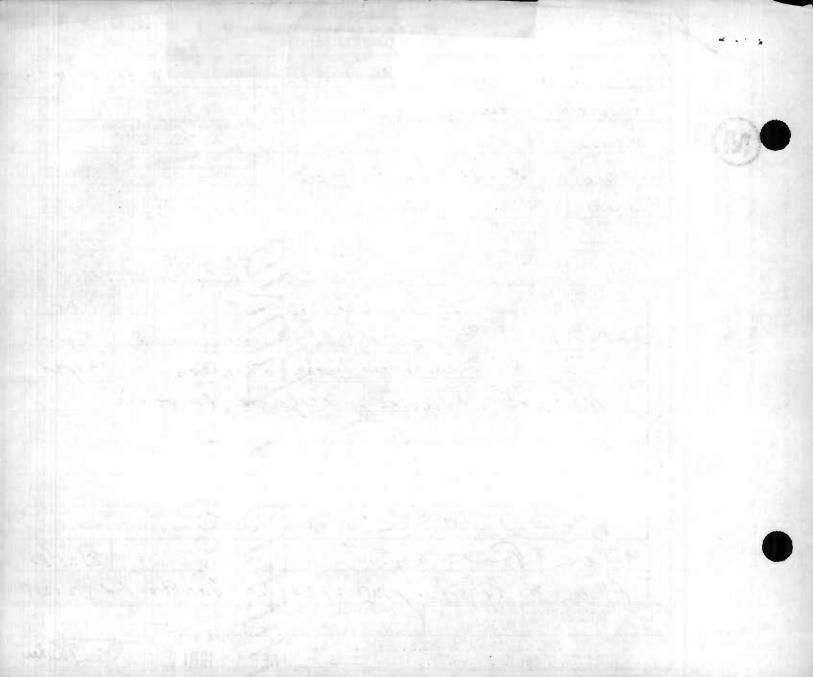
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8	1	2	0	8	i	1
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24. FUNERAL DIRECTOR SOI LEVINSON & RDOS TNC 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250 REGIST		NAME SUL I		S., INC	25a. DAT	E REC'D. BY REGISTRAR 256. REG	ISTRAS SIGNAL Wather

DHMH - 16 50M 1/76 (VR A 15 (4))

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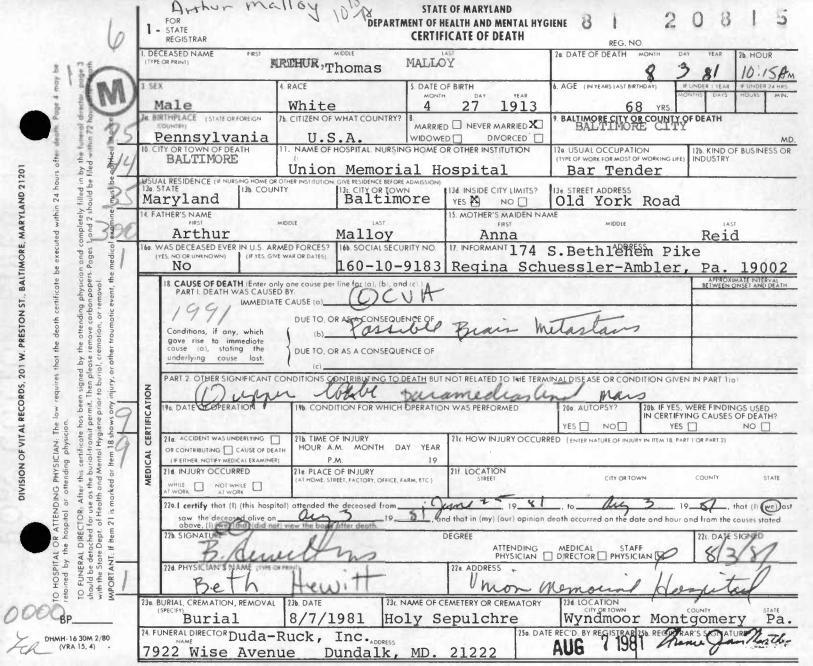
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Dr. Frederick J. Vollman, M. D. 6100 York Road, Balto., Mo.

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FOR - STATE

DHMH-16 50M 1/81 (VRA 15, 4)

REGISTRAR

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Seamstress 5715 Daybreak Terrace Herman same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) COUNTY STATE (our) opinian death accurred an the date and haur and from the causes stated ☐ DIRECTOR ☐ PHYSICIAN HOSPITAL CORPORATION BROADWAY BALTIMORE, MARYLAND21231 Balto. COUNTY Md . Gardens of Faith 24 FUSChimumek Funeral Home Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 3331 Brehms Lane, Balto. Md. 21213

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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YEAR

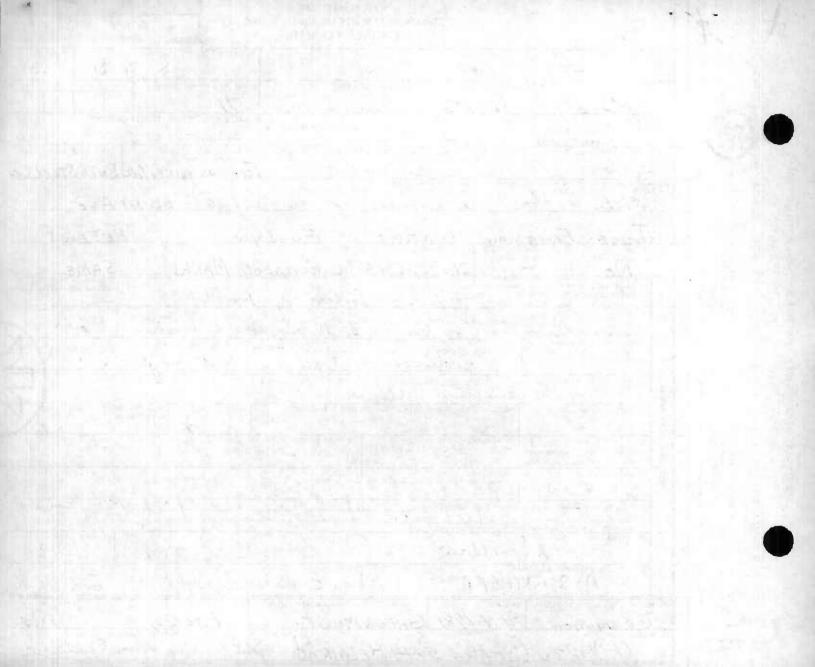
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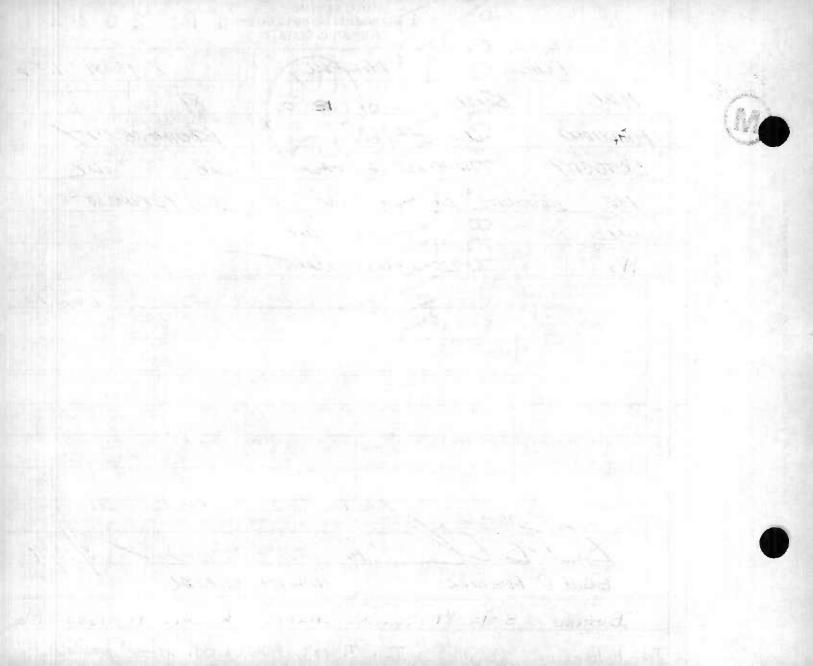
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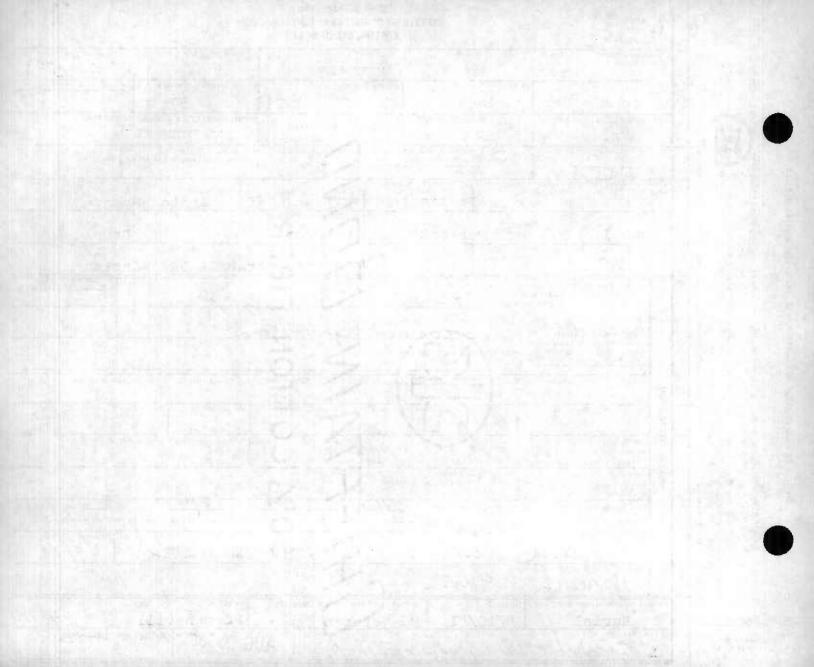
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5 E		CEASED NAME FIRST OR PRINT) James	LEROV	Marks	20. DATE OF DEATH MONTH	31 81 9,50 PM
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TO FUNERAL should be det with the State		27d. PHYSICIAN'S NAME (TYPE	ORPRINT)	27e. ADDRESS	· · · · · · · · · · · · · · · · · · ·	RIM
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MM1-16 50M 1/76	Tohn H. Harkin	s 600 Main St. Delto		G 1 / 1981	REGISTRAPS SIGNATURE



3	1.	FOR STATE REGISTRAR		DEPA	_	EALTH AND MENTAL ICATE OF DEATH		REG. NO).	U O	la la
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TENDI fel or OR: A or Use i Heal		220.1 certify that (l) (this haspi sed alive an	tal) attended the deceased fr	am 119 81 , ai	3 / , 19_ nd that in (my) (aur) ap	97 opinion deat	to 8/4	, late and havr		that (I) (we) last causes stated
t OR the hor tache e Dep		22b. SIGNATUREX	aus	8 Mine	/	DEGREE ATTEND PHYSIC	DING M	NEDICAL STAI	FF IAN C	22c. DATE	SIGNED /
TO HOSPITAL TO FUNERAL should be det with the State			JITZ	G MINER		22e. ADDRESS					
77/1-	23a.	BURIAL, CREMATION				EMETERY OR CREMA		23d. LOCATION CITY OR TOWN	7 7	COUNTY	STATE
X///BP	24 F	Buria J		8/10/81	Md Vet	teran Cem	n 250. DATE RE	Crowns		AR'S SIGNA	Md Md
DHMH-16 30M 2/80 (VRA 15, 4)	1	v.C.Mpe	ch. f	14 1101E	NOR!	To Hoe	AUG	1 9 1301		Of man	A Life Supple



5 3	L	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 8 2 3
귀		CEASED NAME FIRST FOR PRINT) JOH	HN S. I	MARTIN SR.	AUGUST 7, 198	25 HOUR 12:11P
EAS	3. SI	MALE	WHITE	5. DATE OF BIRTH MONTH DAY NOV. 28 1900	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
一类的)	7a. E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY BALTIMORE CIT	
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thing 4 hours is should be for much be	13a.	AL RESIDENCE (IF NURSING HOME STATE 16 COU AMD ATHER'S NAME	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13¢ CITY OR TOV E ARUNDER SOVERN		13e. STREET ADDRESS 512 HODGES	,
coted with collection of colle	160	JOSEPH L WAS DECEASED EVER IN U.S. AI	MARTINE HAST	ALBERT	MIDDLE	THOMAS
BALTIMORE, core be executed by your by core by core by core of the		YES NO OR UNKNOWN) (IF YES, GI	T-WWII 216-34-1	1324-A EUNICE M	MARTIN (SAME	
RECORDS, 201 W. PRESTON 5T, B. Iow requires that the death-certifical ss been signed by the attending py ermit. Then pleas temove corrion app e prior to buriol, cremation, or remove ss any injury, or other troundific event,	rion	Conditions, if ony, which gove rise to immediate cause ia, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COMPOU	JENCE OF SIENCE OF	MINAL DISEASE OR CONDITION GIVI	BETWEEN ONSET AND DEATH THE THE PROPERTY OF T
4 co	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? NO \(\)
DIVISION OF VITA NG PHYSICIAN, I ottending physician to the bive certificate as the burnol-transit th and Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P.) CITY OR TOWN	ART I OR PART 2) COUNTY STATE
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HOSPITAL OR ned by the high be detoched the Store Deport		726. SIGNATURE T.W. CVC 224. PHYSICIAN'S NAME (TYPE	eghan Operint)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8.7.81
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	22-	CROGHA			Hopkins Hosp.	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Law Funeral Home 4611 Park Heights Ave.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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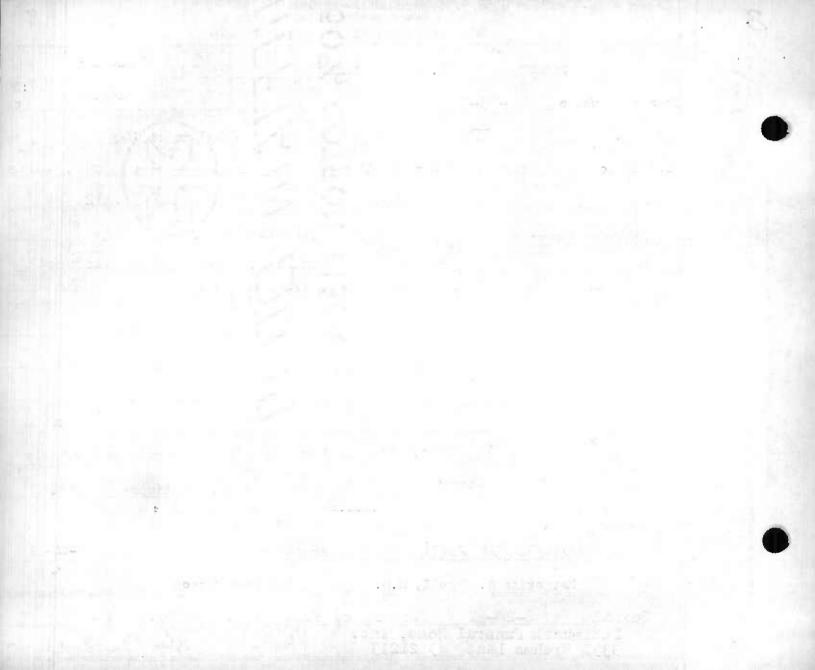
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) 3. S	female bl	lack	DATE OF BIRTH	YEAR 53	6. AGE (IN YE. LAST BIRTHO! 28 YE	MONTH		FUNDER 24	MIN. PRC	DATE DOUNCE DEAD		MONTH 8	11 ₁	9 81	24. HOUR 3:14A
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md		USA			WIDOW		DIVORCED		Balti	ECITY <u>o</u> r imore	Cit	У		MD.
0 1	city or town of de Baltimore	4940	11. NAME OF HOS	E P	reston	Stre	et	ION 1	12a. USUAL FOR MOST	OCCUPAT OF WORKING		OF WORK		D OF BUS	
S 130.	STATE Md	13b COUNTY		13c. CITY	OR TOWN		13d. INSIDE CITY YES 🛣	NO 🗆 9	36.	ADDRESS E. P	rest	on	Str	eet	
160	FATHER'S NAME FIRST James WAS DECEASED EVEI (YES, NO, OR UNKNOWN)	N	ED FORCES?	16b. SOC	hews		Mae 17. INFORM.	ANT		MIDDL		Wil	kins		
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		t I toak charge m: Notura	ol the remains des	Accident	□, Su	Autops	Homicic TITLE (SP Assi	de ECIFY) Stant	Undetermi	L EX AM INI	er .	DATE SIGNI	ED{	8/11, 1201	/81
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6	1	FOR - STATE REGISTRAR		DEPART		ALTH AND MENTAL HY		2	0 8	2 8
(M)		ECEASED NAME FIRST	THOMAS	MIDDLE H.	M	MAXWELL	20. DATE OF DEATH		DAY YEAR	26. HOUR
-	1.58		4. RACE		5 DATE OF	BIRTH	6. AGE (IN YEARS LAST B	(RIHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
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2 100	Уш. В	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8	03 07	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
-30	NE A	ARYT.AND	IISA		MARRIED	NEVER MARRIED DIVORCED IN				
800		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME OR	OTHER INSTITUTION	BALTIMO			F BUSINESS O
()	1	BALTIMORE	1	MORE CT		SPITAL	LABORER	OF WORKING LIFE) INDUSTRY	
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100		ARYTAND 136 CO	UNIY	BALTIM		3d INSIDE CITY LIMITS? YES X NO 1			A TETE	
SIA		ATHER'S NAME		LDALITIM		S MOTHER'S MAIDEN N		DLEY	AVE.	
- 301		FIRST	MIDDLE BY A	LAST T		FIRST	WIDDLE		LAST	
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medico			GIVE WAR OR DATES)						T TOTAL	***
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vent, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY:	_		10 0014			BETWEEN	MATE INTERVAL INSET AND DEATH
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or o			((c)							
io bu	Z	PART 2 OTHER SIGNIFICAN	6	CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
ony in	CERTIFICATION	190 DATE OF OPERATION	15/ Na	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	TOOL IE VEC	WERE FINDING	OC LISES
ws of	FFC				0.500	TO TENI ON MED		IN CERTIFY	ING CAUSES (OF DEATH?
Hygie 18 sho	ERI	210 ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY	12	AL HOW IN HIRY OCCU	RRED (ENTER NATURE OF INJU	YES		NO 🗌
OF	AL O	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A	A.M. MONTH DA	AY YEAR		KKED (ENIER NATURE OF INJU	JRY IN 11EM 18 PAI	RII (OR PARI 2)	
	U	(IF EITHER, NOTIFY MEDICAL EXAMINATED AND AND AND AND AND AND AND AND AND AN		OF INJURY	19	II. LOCATION				
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oith ond marked		AT WORK								
F .5		22a I certify that (1) (this has saw the deceased alive of		Po (8	F/29, 19 81	, to	1/29,1	·	hat (I) (we) la
1. of		above, (1) (we) (did) (did i			, ond i		n deoth occurred on the d	ote and hour	and from the c	auses stated
Dept.		22b. SIGNATURE	1	P. 1.1.	/. /	GREE	ALEDICAL CTA	55 (22c. DATES	IGNED
		(m)	9	ra coust	-	M ATTENDING PHYSICIAN	MEDICAL STA	CIAN (8/	2//1/
with the State		22d. PHYSICIAN'S NAME (TYPE			2	20 ADDRESS	- CIH W	. /.		T SEA
£ 0 /		ANNOLD	140	Choole		Salt	CUT (a/p		
<	23a	BURIAL, CREMATION, REMOVA	AL 23b DATE	23c N	NAME OF CEM	ETERY OR CREMATORY	23d LOCATION			
_		URTAL	9/2/	/81 LO	UDON I	PARK	BALTO		COUNTY	MD.
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	FOR STATE REGISTRAR			PEPARTMENT OF P	ER'S CERTIFI		TH REG. N		9
(TYP	CEASED NAM	DOROT		E •	MAYES		20. DATE KNOWN OF ESTI- DEATH MATED	0 01 04	
3. SEX	male	4. RACE 5. white	DATE OF BIRTH MONTH DAY	year 6. AGE (IN YEAR LAST BIRTHDA	MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNCED DEAD	8-24-81 ₁₉	27 40
LE FO	RTHPLACE (S DREIGN COUNTRY) alto.		D. CITIZEN OF WH.		WIDOWED -	EVER MARRIED DIVORCED DE	Baltimore		
80 Ba	altimor	e R	tear of 6	PITAL, NURSING HOME (ILITY, GIVE STREET ADDRESS) 01 Cherryhi	.11 Road		MOST OF WORKING LIFE)	YPE OF WORK 12b. KIND OF I OR INDUS Mont.	STRY
	STATE	(IF IN NURSING HOME OR C	OTHER INSTITUTION, GIVE	ERESIDENCE BEFORE ADMISSION BALTO	13d. INSIDE		EET ADDRESS Vanlill	St.21 2 34	
7	ATHER'S NAME FIRST Adol	ph Zales		LAST	М	er's malden name adeline	Smit h	LAST	
16a. V	WAS DECEASE (ES, NO, OR UNKNO NO	D EVER IN U.S. ARME WN) (IF YES, GIVE WA	D FORCES? R OR DATES)	unknown			oherty 1	55 21239 641 Wad.swo	rth
NO	lying cau		(c)	AS A CONSEQUENCE C		DN GIVEN IN PART 1 (a).			
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFO	RMED?		20. AUTOPS	
CALCER	UNDERLYING CONTRIBUTI	NG CAUSE OF DE		MONTH DAY YEAR	Subjec		nature of injury in item i ed and stru	ack by a veh:	icle
MEDICAL	21d. INJURY C	NOT WHILE AT WORK	21e PLACE O STREET FACTO	OF INJURY (AT HOME, DRY, FARM, ETC.)		rear of) erryhill E	city or town Rd. Baltin	county	STATE
	22a. I certi death result ACTUAL SIGNATURE	,		cribed abave, held an Accident , Sui	TITLE (SPECIFY)	Inquiry , cermined manner	ond in my apinian DATE 8-24 SIGNED	-81
230.8	EXAMINER'S (TYPE OR PRI	vi) <u>Margai</u>		Korell, M.D.		111 Penn			
	Buria		8-28-81	Garde	ns of Fa	aith Cem		Md.	STATE
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15 1	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN	HEALTH		L.A	REG. N	2 0	8 3	0
	DECEASED NAA			MIDDLE		LAST	7e. D	ATE KNOWN	MONTH	DAY YEAR	26 HOUR
ET CET		Robert		E.		ays, Sr.	DE	ATH MATED	0	12 19 8	
OF	Male	White		1926 6. AGE [IN Y LAST BIRTHS 1924 57 Y	ARS IF UN MONTH RS.	DER 1 YR. IF UNDE	MIN PROM	DATE NOUNCED DEAD	MONTH 8	13 19 8	9:30
1	BIRTHPLACE (FOREIGN COUNTRY Mary		76. CITIZEN OF WH		8 MARRII WIDOW	ED NEVER MAR	RIED 9 BA	Baltimore city			MD
	Baltimo	re	1102 E.	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Belvedere	Aven		FOR MOST C	CCUPATION (TYPE WORKING LIFE)		OR INDUS	USINESS TRY
130	SUAL RESIDENCI STATE Maryland	13b. COUN	OR OTHER INSTITUTION, GIV	eresidence before admiss 13c. CITY OR TOWN Baltimore	ION)	13d. INSIDE CITY LIMITS? YES X NO		E. Belv	lt., l edere	Md. 212 Ave.	39
14	FATHER'S NAME FIRST		MIDDLE	Mays		IS. MOTHER'S MAIL FIRST Blanc		MIDDLE	Kir	ng LAST	
16	a. WAS DECEASI (YES, NO, OR UNKN Yes	ED EVER IN U.S. ARI	WAR OR DATES)	219-18-78		Robert E	Son: . Mays	Jr. 182	Dal	t., Md. ninghau	21212 s Rd.
\$ 130 114	PART 2 OTNER	ise to immediate a) stating the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQUENCE		OR CONDITION GIVEN IN P	ART 1 -a				
	19a. DATE O	F OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?				20 AUTOPS	
		AL CAUSE WAS G OR ING CAUSE OF I		INJURY MONTH DAY YEA	R 21c HC	W INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	B PART I OR PAR		
	CONTRIBUT 21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE O STREET, FACTO	PFINJURY (ATHOME, DRY, FARM, ETC.)		CATION	Спу	OR TOWN	cou	NTY	STATE
BALLAMORE, MAR LOAVE, ALVOID	22a I cer death result ACTUAL SIGNATURE EXAMINER'S	ted from: Natur	ral causes X,	ribed abave, held an Accident . Su	Autaps	Mamicide Inspection Hamicide Inspection TITLE (SPECIFY) ASSISTAN ADDRESS	Undetermin	ed manner .	DATE SIGNED	8-13	3–81
₹ 23		ATION, REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY OF	RCREMATORY	23d. LOCATI	ON vn	COUN	TY :	STATE
			Aug 15 198	31 Gardens	of F		Balt:	imore		ryland	
2	FUNERAL DIRE		Inc. Bal	Ltimore, Ma	rvlar			OQ1 25b. REG	ISTRAR'S ST	ONATURE	

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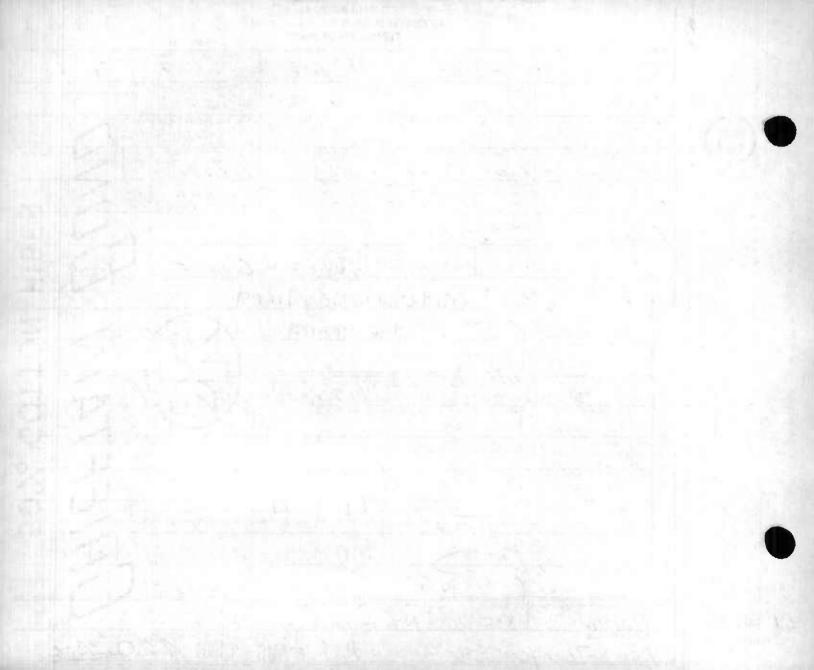
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. 1			STATE OF MARYLAND		
2	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	20831
1. Di	FIRST FIRST	NONE	McClaid	20. DATE OF DEATH MONTH	1 81 7 30 M
s offe	emale	Black	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 76 YE	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. RS.
170	P. C.	7b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU Balhmore	City MD.
134 6	al Himole	CON SUCH SULTY GIVE STREET	3 (405p).	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
35 130	JAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	TY 13c COY OF JOS	VALE YES NO .	13e. STREET ADDRESS.	Of.
14 F	ATHER'S NAME	MIDDLE Buffall	IS. MOTHER'S MAIDEN NA	WIDDLE	MANGUM
g ip	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES!	A and	ADDRESS 5	Paysed St.
onsi permit. In the please remove corbon pop Vigiene prior to burol, cremotion, or removo 8 shows ony injury, or other troumotic event,	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	e. metabolic		AINAL DISEASE OR CONDITION AUTOPSY? 100 AUTOPSY? 100 III	
virial-transit per Aental Hygiene item 18 shaws	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
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of He 21 is		tol) ottended the deceosed from,	, and that in (my) (aur) apinion	death occurred on the date ond	hour and from the causes stated
should be detoched with the Stote Dept. MPORTANT: If them	22b. SIGNATURE	my C	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
with the St WPORTAN	22d. PHYSICIAN'S NAME TYPE O	PYANG	22e ADDRESS BONS	secouns t	1.
∞ > ≦ 230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
OM 2/80	POWN-Thom	ASON F. H. 191		G 3 1981	GISTRAR'S SIGNATURE



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	FOR STATE REGISTRAR			MENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	REG		0 8 3 2	
	DECEASED NAME FIRST		A. (MCLAMB) 4. RACE Black 7.6 CITIZEN OF WHAT COUNTRY? USA A. (MCLAMB) 5. DATE OF BIRTH MONTH A 29 37 4. RACE MARRIED & NEVER MARRIED WIDOWED DIVORCED		20 DATE OF DEATH		DAY YEAR 26 HOUR		
sex Male		JOHN					August 31, 1981 6. AGE (IN YEARS LAST BIRTHDAY) 44 YRS. HUNDER I YEAR IF UNDER ZAHRS MONTHS DAYS HOURS MIN.		
		0,000			H DAY YEAR				
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)						BALTIMORE CITY BALTIMORE CITY		
	ry or town of DE Baltimore	100	THE OPENS HOPKIN				120 USUAL OCCUPATION 126 KIND OF BUSINESS ([TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY		
3a S	MD	13b COUNTY	ER INSTITUTION GIVE RESIDENCE BEFO 13, CITY OR TON Baltin		YES NO		Smewo	od Avenue	
4 FA	THER'S NAME Wilbert	MIDD	Mc Clamb	0	15. MOTHER'S MAIDEN	NAME	E.	Green	
	AS DECEASED EVER ES, NO OR UNKNOWN) NO	(IF YES, GIVE WA			Mary Jo	ce McClam	b 211	7 Homewood A	
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Presumanta							BETWEEN ONSET AND DEATH 3 days	
	Conditions, if ony gove rise to im couse (a), stoti underlying couse	mediate	DUE TO, OR AS A CONSEQUENCE (c)	gue	caucer			2 yrs	
N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	19b CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)	
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	22d PHYSICIAN'S N	D K	LASSEN		JOHNS	HOPKIN	SHO	159	

23c. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

should be

230 BURIAL, CREMATION, REMOVAL

Burial 9/5

Punial 9/5

Wm. C. March F/H 1101 E. North Ave

9/5/81

23b. DATE

23d. LOCATION
CHYORIOWN
Baltimore
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COUNTY

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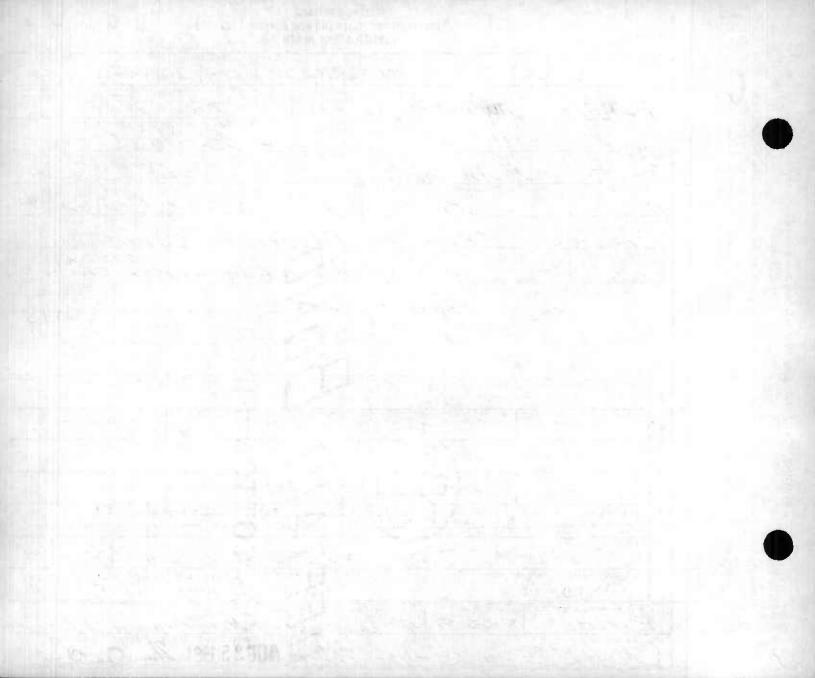
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FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

Fairfax, Va.

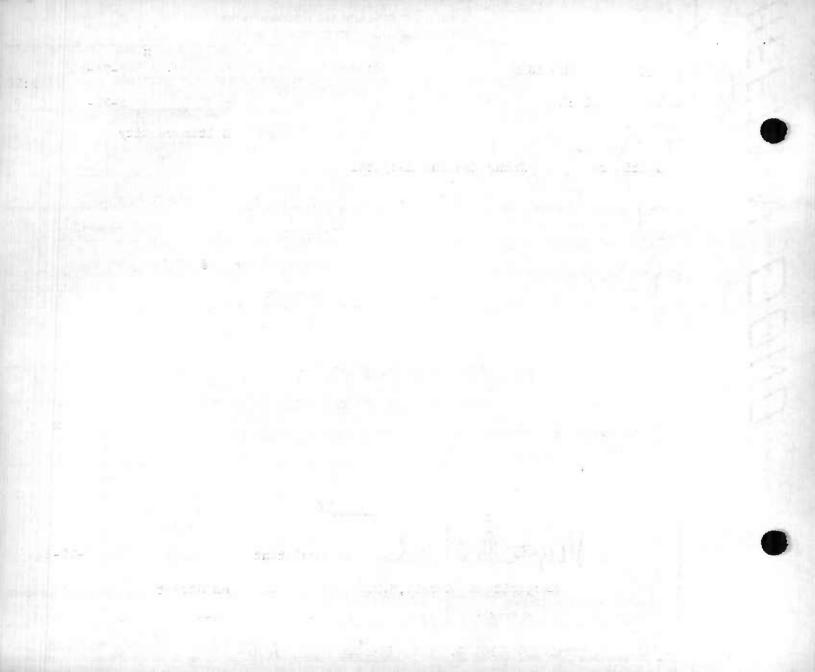
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		REGISTRAR CERTIFICATE OF DEATH REG. NO. LAST
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70200		BURIAL CREMATION, REMOVAL 224 DATE 234 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
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21201 ANY DE AND 3 T RETAIN HOULD EN	35	USUAL RESIDEN 130. STATE Md	NCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G NTY	13c. CITY	BEFORE ADMISSION OR TOWN	13d. INSIDE	CITY LIMITS?	13e STREET ADDRE	ss elson Av	renue	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH. IF ANY RITING THE WORD "PENDING" IN PEDWILL IN 116M 18. GIVE PAGES 1, 2, AND: RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA FET SHOULD BE USED AS A BURNAL "TRANSIT PREMIT. PAGES 1, AND 2, SHOULD FET PROPARMENT OF HEALTH AND MENTAL HANDER DIVISION OF VITAL 1905.	ON, OR REMOVAL.	PART 3	SE OF DEATH (Enter a I DEATH WAS CAUSE IMMEDIA ditions, if any, which is rise to immediate (a) stating the <u>under a cause last</u> .	ED BY: ATE CAUSE (a) DUE TO, OR be (b)	Pen:		intoxic	eation			APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
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2788 BP		24 FUNERAL D		8/27/81 ADDRESS			orial Pa	25e. DATE RE	Baltimo C'D. BY REGISTRAI C 2 4 1981		CO.	Md
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9	70 B		76 CITIZEN OF WHAT COUNTY	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	_	OF DEATH	
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U	14. F/	ATHER'S NAME FIRST Ukn	own.		15. MOTHER'S MAIDEN NAM	Inknown MIDDLE		ŲAS	1
2		NAS DECEASED EVER IN U.S. ARA YES NO OLONOWN) (IF YES GIVE	WAR OR DATES! 215-01-	2626A	Mr. Samuel g	7. Gibbons 4	7 Robi	nson R	d. 21146
		18. CAUSE OF DEATH lenter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse to immediate couse to istoring the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DETO, OR AS A CONSE	QUENCE OF	ASCUD		rest Thus	25	MATE INTERVAL INSET AND DEATH
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7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUS	YES		NO 🗌
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		270.1 certify that (1) (this hospits saw the deceased alive on 1, (1) (we) (did) (did not 276. SIGD/ATURE		9, or		death occurred on the do	te and hour o		
	23a. i	22d. PHYSICIAN'S NAME (TYPE OF CHILLOS A	J. PATALIN	GHUG 3-NAME OF G	220 ADDRESS QOS 6, 6MEJERY OR CREMATORY	POTOPSC 1234 LOCATION	o AUR	Balt	M1212

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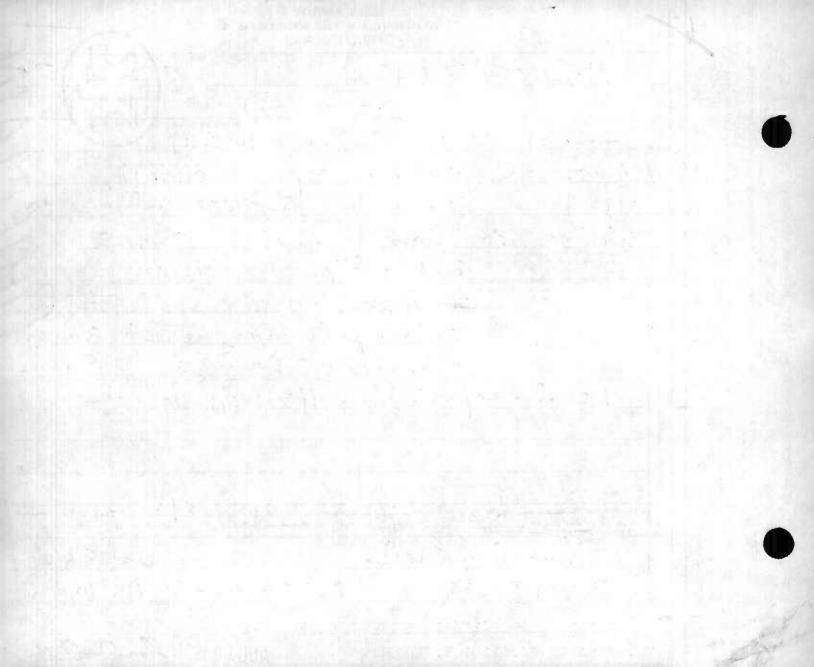
Cedar Mill Cemetery 24 FUNERAL DIRECTOR Mc (ully Funeral Home of Brooklyn 237 Patapsco Avenue Baltimone, Md. 21225

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Baltimone Anne Anundel IIId.

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ge 4 may	3. SI	× W	4. RACE S. DATE OF BIRTH MONTH ACT ACT ACT ACT ACT ACT ACT A	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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iMORE,			RMED FORCES? NE WAR OR DATES] 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS MARTHA MCINTOSH 1218	8 WOODBURNE
T., BALT tificate by physicia impapers imaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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that the cose remains all, cremain rather tri		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF Frain Dames Q	9 days
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279 8 8 5 X		BURIAL, CREMATION, REMOVAL (SPECIFY)	CITY OR TOWN	COUNTY STATE ALTIMORE, MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR	F/H 1101 E ADDRIVORTH AVE	RAR'S SIGNATURE



STATE OF MAKTLAND

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OLA	3. SE	X	4 RACE		5. DATE	OF BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
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6500 YORK RD. 21212

MTTCHELL-WIEDEFELD HOME

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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Vo.	VI_	STATE REGISTRAR CEASED NAME FIRST MIDDI	CERTIFICATE OF DEATH	REG. NO.	
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2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SE	make WH;	5. DATE OF BIRTH 47		IF UNDER I YEAR IF UNDER 24 HRS
O(M) b	18. B	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WH)	AT COUNTRY? 8 MARRIED NEVER MARRIED MIDOWED DIVORCED	BAITIMORE CITY OR COUNTY	- 1
	5 B	ALTIMORE CHURC	PITAL, NURSING HOME OR OTHER INSTITUTION CHITY, GIVE STREY ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	0	ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d INSIDE CITY LIMITS? ALTIMORE YES NO [130 STREET ADDRESS	INCTON ST.
MARYL ed with ond 2 at	14.5	VINCENT MODILE N	15. MOTHER'S MAIDEN NA FIRST FIRST	NE WHITM	AN LAST
IMORE, n and co Pages 1		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17 INFORMANT	E HARRA 35	22 LOUTH RO
ST., BALT entitiate to an papers emoval event, the		III. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	far (a), (b), and (c).) ardio pulmonary ar	ONAR ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death of ortendin orten, or repumation			a consequence RESPIRATORY FAI	HARE OF ATHLEMENTON	IJA
on W. P		cause (a), stating the underlying cause last.	todakin's Disease		1476
RECORDS, 21 light requires in been rights e-mail Then gill e-prior to burny, a	NOE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING O DEATH BUT NOT RELATED TO THE TERM	day	N IN PART Has
	CERTIFICAT	190. DATE OF OPERATION 196. CONDITION	n for which operation y/As performed		WERE FINDINGS USED YING CAUSES OF DEATH?
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DIVISION OF NG PHYSICa of the the certif os the buriel in the and Mechali oxfed or frem	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF II IAT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
TTENDS AT 1700		27a I certify that (I) (this haspital) attended the desaw the deceased alive an abave, (I) (we) (did) (did not) view the bady after	reased from AUGSST 8, 19 817	death accurred an the date and haur	. mar (i) (ii a) last
At OR A the host At DiREC deteched deteched of Depti		276. SIGNATURE E. U. PLATIA	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAN	SAUGUST 8,198
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020/BP	234	PIL CREMATION, REMOVAL 236 DATE 8 12 /	98 74 STAN 1949	BATTIMI	DOT MID
DHMH-16 50M 1/111 (VRA 15, 4)	1	MERAL DIRECTOR L KACZIONI		G 10 1981 France	AR'S SIGNATURE

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171			STATE OF MARYLAND
14		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 4 0
			REGISTRAP CERTIFICATE OF DEATH
		1. DE	REG. NO. CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
e p	m t		OR PRINTS
× 2	36	_	Frances Jane McNulty 8 3 8/ 1:45 A
Ē	TIME !	3. SE	The first term of the second o
9 9	f HAI		Female Caucasian 6 15 26 35 YRS MONTHS DAYS HOURS MIN.
a d	(4)	Jr. Bi	RTHPLACE A TALE OR FOREIGN 7/2 CITIZEN OF WHAT COUNTRY? 8.
#	IE 575		MARRIED NEVER MARRIED 12
de	11 3	10 (TY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 LISTIAL OCCUPATION 120 VINDO OF BUSINESS OR
fe	#1 420	10 0	THE MOST BUSINESS OR
201	DE DO		3altimore University of Maryland Hospital (VerRETTREDOR WORKING LIFE) BEIL Tel. Co
21.2 hou	2 4 4	5U,	AL RESIDENCE HE NURS HE FOR THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 1 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS
ND 24	## BS	M	130 HOURS
Hi Hi	2 sh	14 FA	THER'S NAME Using Claye Forrestville YES NO 2728 Lorring In. Apt 202
A W	and 2		PIRST MIDDLE ALL AST / FIRST MIDDLE JIAST
X Ped	0 -		Patrick Mc Nulty Frances J Brady
ORE Xec	TO 60		/AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours o			NO 161-22-3846 Hospital Chart
ALT	hysicial papers. aval. int, the		18 CAUSE OF DEATH lenter only one couse per line for (a), (b), and (c).
	physical nooper moval.		PARTI DEATH WAS CAUSED BY:
W. PRESTON ST.,	20 0 0		14 11 a IMMEDIATE CAUSE (a) Carato I ofmonary mires 2 years
0 t	ottendin otion, or rroumotic		DUE TO, OR AS A CONSEQUENCE OF
de S	office office of the office of		Conditions, if any, which gave rise to immediate
rhe the	the me		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF
N total	by by ol, cr		underlying cause lost. (c) Cunity Floor of Mouth
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the	ned ple		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
SOS	hen properties of the properti	Z O	
0 3	prior	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF YES, WERE FINDINGS USED
N P	has been permenent bases of the permeanent bases of the permenent ba	FIC	IN CERTIFYING CAUSES OF DEATH?
TAI The	show show	RT	11/4/19 Cuncer Floor of Mouth YES NOW YES NO
> XA	certificate h virial-transit Aental Hygie		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEA
0 10 0	burial-th Mental ar Item	N N	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
HYS HAY	Sid of D	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION
VIS OF P	4 4 6 6	E	WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
a Z b	After e as t alth a marke		2001 with that the thirty would be dead to be a like to the land of the land o
<u> </u>	OR: A pr use f Heal		111111111111111111111111111111111111111
ATI	- 2 a C		obave, (1) (see 1 (did) (did-set) view the bady after death.
0 0	DIRECT ached f Dept. o		22b. SIGNATURE DEGREE 22c. DATE SIGNED
₹ ¥	4 4 (1)		Front M. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
SPIT SPIT	FUNERAL uld be det		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
O HOS	TO FUNERAL should be de with the State		Frank M. Jampol 22 S. Green St. Balt. Md.
D 10	Shoul Shoul	220 0	
0000		230. 8	URIAL, CREMATION, REMOVAL 23b DATE 8/7/81 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY) St. Patrick's Cemetery OF The Company of
120 BF			Blakley: Pennsylvania
	- 16 50M 1/B1	24 F	Vising Wheeler Funeral Home The
Z 1 (V	/RA 15, 4)		L331 Rockville Pike Rockville, Maryland
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Mitchell-Wiedefeld Home 6500 York Road Bal.Md.

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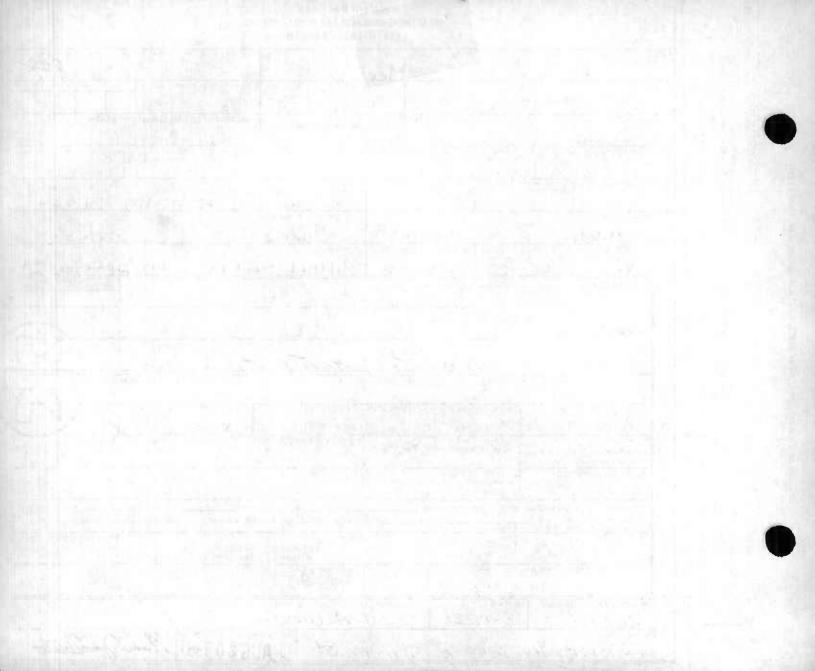
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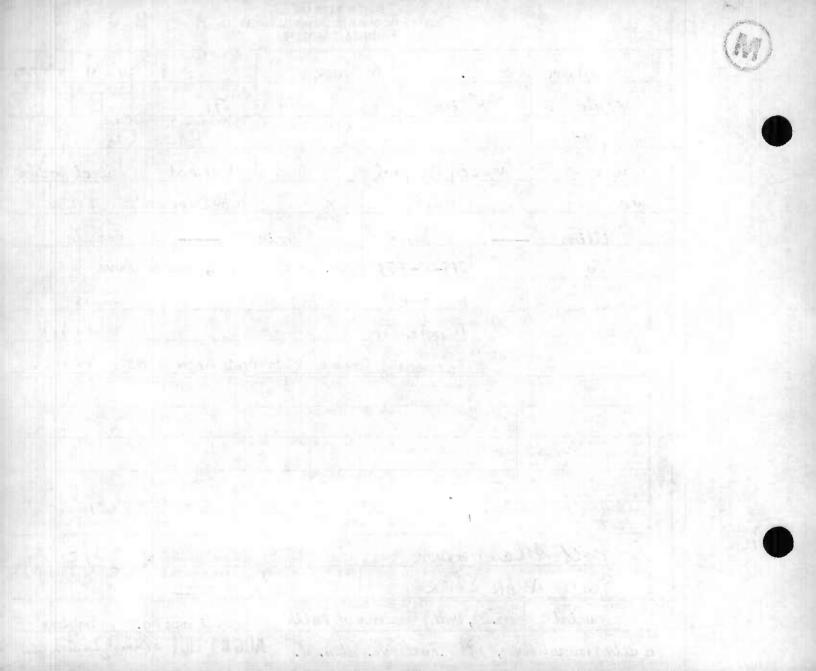
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

				REG. NO.			
1. DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
Ogder	n	Merrill		8	12	81	7:58p M
3. SEX	4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS	ER I YEAR	
Male	White	3 18	08	73 Y	RS.	DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED X NEVER	MARRIED [9. BALTIMORE CITY OR COL	NTY OF D	EATH	
New York	U.S.A.		IVORCED	Baltimore &	0,- 0	1+	Y MD.
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURS		TITUTION	12a USUAL OCCUPATION		KIND O	BUSINESS OR
Baltimore City	Good Samarit	an Hospital		Radio Opera			te Hwy
USUAL RESIDENCE (IF NURSING NOME OF 130. STATE N36. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	CITY LIMITS?	13e. STREET ADDRESS			
	altimore Balt		NO 🗑	7601 Hillende	1. 5.	a	
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER	'S MAIDEN NAA	WE	IIC M	LAS	C.T.
Ogden	Merrill,	Sr. Lau		MIDDLE		LAS	31
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORM	ANT	ADDRESS			
(18 YES, OO OR UNKNOWN) (18 YES, G	054-0	3-4918 Mrs	. Anne	e Merrill	Bal	to.	, Md.
18 CAUSE OF DEATH Enter of	only one couse per line for (o), (b),	ond (c).)					(MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (0) hypoc	iartial dr	forett	In,	1		lden
4100	DUE TO, OR AS A CONSEC	DUENCE OF		^	-77	4	
Conditions, if any, which	(b) Certeri	order to He	aut to	h'sease		Lee	and
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		The second			
underlying couse lost.	(c)						
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO				GIVEN IN		
2 Chronic U	llestructive à	my Dise	10-00 . P	ossible Lx	mg (a	uce.
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFO	DRMED	20a AUTOPSY? 20b. II	YES WER	E FINDIN	NGS USED OF DEATH?
THE COLUMN	BEACH SAL		ALTER	YES NO	YES [CAUSES	NO [
00.000.000.000.00		DAY YEAR 21c. HOW I	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEN	18, PART 1 OR	PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMIN	EAIN	19					
(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	F FARM FIC.) 21f. LOCATI		CITY OR TOWN	cc	YINUC	STATE
WHILE NOT WHILE AT WORK	(, , , , , , , , , , , , ,			7/ 7		2 1	
The second second	pital) attended the deceased from	00 1		. to 8/12	19_0	1	that (I) (we) last
sow the deceosed plive p	n 19	, and that in (my	(our) opinion d	death occurred on the date and	hour and f	rom the	couses stoted
226. SIGNATURE	.// (/2	DEGREE			22	c. DATE	SIGNED
Mue	xx / 477 8	M)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		8/1	7/8/
22d. PHYSICIAN'S NAME TTYPE		22e ADDRE				2 -	
ALBERT	TO J. DIAZ	MD 7600	054	ER DR, BALT	1m 21	: 0, 1	MARYKAN
230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR	CREMATORY	23d. LOCATION		1944	
(SPECIFY) Removal	8/13/81			CITY OR TOWN	COUN	114	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shaws any

Anatomy Board

24. FUNERAL DIRECTOR

Balto., Md.

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15	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	0 8 5 3
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	TAR 26 HOUR O
itor, page 3 ofter death	,,,,,	Charlo	tte Louise	metallo	8/	1/8/12/
r, po	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	L LEE I YEAR IF UNDER 24 HRS
\$ TO		Female	White	Aug 23 1918	62 YRS.	MONTHS DATS HOURS MIN.
m. 10		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
MAN 12 /	Ge	rmany	U.S.A.	WIDOWED DIVORCED	Baltimore Ci	ty MD
iled i	Ва	ltimore	JOHN L DECTOR	Med. Cr. Do Charels	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Librarian	12b. KIND OF BUSINESS OR INDUSTRY. Hospital
onld be to	13a. S		ROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY I.A. Pasade	ADMISSION) 13d. INSIDE CITY LIMITS? 18 YES NO X	13. STREET ADDRESS 8405 Hall Rd	
ond 2 sh	14 F/	ATHER'S NAME FIRST	Zenger Zenger	15. MOTHER'S MAIDEN NA FIRST Marie		Schade
		WAS DECEASED EVER IN U.S. AI			ADDRESS	
Poges 7	Jan.	NO (# 123, G	212 30	8787 Mr Pat Me	tallo same as	13 e
Then please remave corba ir to burial, cremation, ar re injury, ar ather traumotic e	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	iple Aclero	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(o)
Hygiene prior 8 shows ony i	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
Mentol Hygi		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH D	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
ond ked o	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of He		saw the deceased alive or obove, (I) (we) (did) (did no	oitol) extended the deceased from an arrangement of view the body ofter death.		death occurred on the date and hou	19 , that (I) (we lost r and from the causes stated
Stote Dept.		276 SIGNATURE	W Reed	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8381
should be deto with the Stote [IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE	ORPRINT) W. REED	22e ADDRESS (115, Ct)	HS ST. 212	30
s > 5		Burial, cremation, removal Burial	8/3/81 D	rame of cemetery or crematory ruid Ridge Cem	Baltimore	Maryland
80M 2/80 5, 4)	24. FI	UNERAL DIRECTOR	Balto ce 4001 Ritchi		UG 4 1981 Registrar 256 REGIST	RAR'S SIGNATURE

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18	1 -	FOR STATE REGISTRAR	DEPA	2 0	20034				
		CEASED NAME FIRST	WIDDLE	LA	ST		REG. N 2a. DATE OF DEATH		EAR 2b HOUR
THE REAL PROPERTY.	TYPE	ORPRINT) Rita	Caroline	Meta	llo		August 18	3. 1981	12:20
201	3. SE)		4 RACE	5 DATE OF		VEAD	6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS
1		emale	White	10	8	23	57	YRS.	
tak	20	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED	ENEVER M		9. BALTIMORE CITY	OR COUNTY OF DEA	TH
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	WIDOWED		ORCED	12a USUAL OCCUPAT		MI IND OF BUSINESS OF
É	1	Baltimore	3705 Fait Av	REET ADDRESS)			Housewile	OF WORKING LIFE) INDU	
-	USUA	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BE	EFORE ADMISSION)	13d. INSIDE CIT	TY LIMITS?	13e. STREET ADDRESS	11/4	L Home
5		Md	Baltis	more		NO []		t Avenue 21	1224
6	14 FA	THER'S NAME	Schen.	nino.	15. MOTHER'S Rea	IRST	MÎDDLE MÎDDLE	Schmau	LAST
1		AS DECEASED EVER IN U.S. AR		ECURITY NO.	17. INFORMAN		ADDR		
		No -	220-20	-9265	Lawren	ce N. A	letallo 370	5 Fait Ave	enue 2/224
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	inly one couse per line for (a), (b)	, and (c\.)	4			A BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
,		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF					
, , and	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT 1	NOT RELATED	TO THE TERMI	NAL DISEASE OR COM	IDITION GIVEN IN PA	RT 1(o)
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
7		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJ	URY OCCURR	D (ENTER NATURE OF INJU		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	21f LOCATION	N	CITY OR TO	WN COUNT	TY STATE
		220.1 certify that (1) (this haspi	oital) attended the deceased fro		that in (m) (, 19	oth occurred on the d	, 19 3 L	, that (1) (we) last
	9	obove, (I)(we) (did) (did no 226. SIGNATURE	ob view the body after death.	, 0110	EGREE	оот, ориноп о	com occorred on me o		DATE SIGNED
		God Est	17 00			TENDING	MEDICAL STA		120 151
4		224. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS		DIRECTOR FITTS	CIAIA	3/20/01
1		John FE	TING HID.		John Shi	क मेठि	King Dag	201064 C	ENTER.
	23a B	URIAL, CREMATION, REMOVAL		3c. NAME OF CE	METERY OR CE	REMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
14		Burial	8-21-81	Sacred	Heart (Cemeter	us Dundall	Balto Co	2. M.
	Z4 FU	NERAL DIRECTOR	Inc. 901 S. C.	11.	C.	ZSa. DATE	REC'D. BY REGISTRAR	ZS CONTRACTOR	21-0
	(0	J. Leiler & Son	Inc. 401 J.	onkling	ンた	AL	1001 0 m	I wanter the	and the state of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

Items 19a.&19b. Film#G560

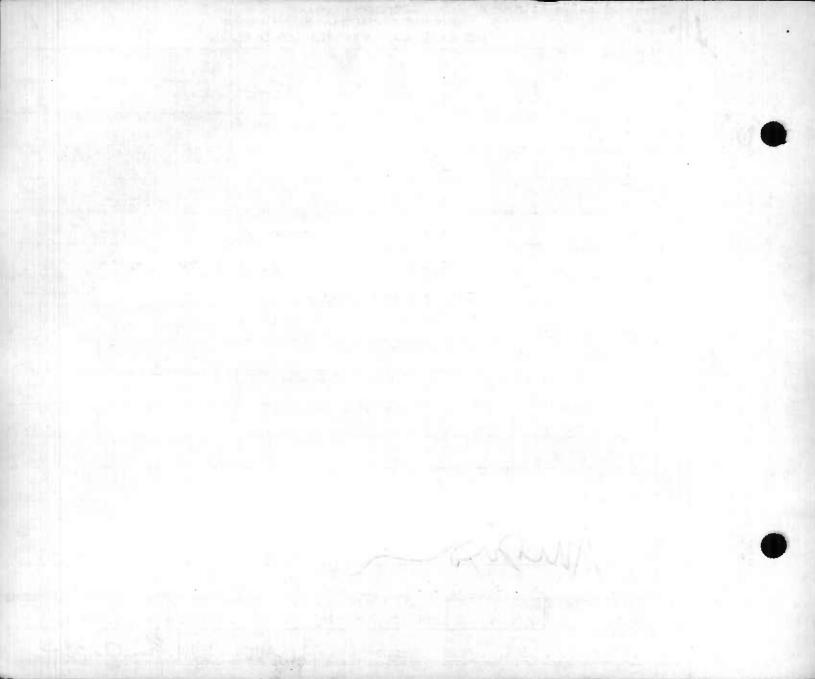
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

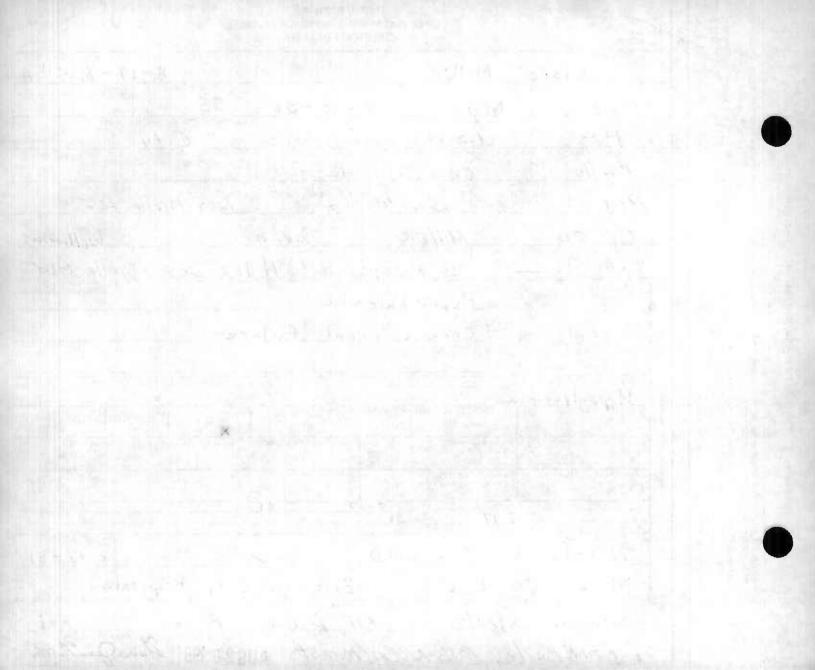
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Lli	FOR STATE	lōa-22a Fi	D		HEALT	H AND MENTAL H	0	2	0	8 5	7	
1	REGISTRAR		WEL		NER'S	CERTIFICATE C		REG. NO				
	DECEASED NAA TYPE OR PRINT)			MIDDLE		LAST	OF	E KNOWN K	_	DAY YEAR	26 HOUR	
		JERR'		0.		MICHIE		TH MATED	8 MONTH	14 19 81	- 11	
3. 3	male	1. RACE	3 3,	YEAR LAST BIRTH		NDER I YR. IF UNDER	MIN PRONC	ATE DUNCED AD	8	14 ₁₉ 81	7.12	
70	BIRTHPLACE (FOREIGN COUNTRY Marylar		76. CITIZEN OF WH USA	AT COUNTRY?	8. MARE WIDO\	RIED X NEVER MARR	IED L	iltimore	_		MD	
10.	Baltimo		(IF NOT IN SUCH FAC	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT M SUCH FACILITY, GIVE STREET ADDRESS) 2529 Barclay St.						OR INDUSTRY		
130	UAL RESIDENCE STATE aryland	(IF IN NURSING HOMEOR	OTHER INSTITUTION GIV	RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Baltimore	SION)	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADI	ress rclay S	treet	_		
14.	FATHER'S NAM		MIDDLE	Michie		15 MOTHER'S MAIDE Florence		MIDDLE	Mic	chie		
160	I. WAS DECEASI (YES, NO. OR UNKN NO	ED EVER IN U.S. ARM OWN) (IF YES, GIVE W		213-36-49		Loretta A.	Michie	710 N.	Coll	ington i	Ave.	
	Condition gove couse (couse (c	DE DEATH (Enter only EATH WAS CAUSED JAMMEDIATE JAMM	BY: T CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	ntravenous as a consequenc as a consequenc	E OF	SE OR CONDITION GIVEN IN PA	NRT 1 (a),			BETWEEN ONS	ET AND DEATH	
1100	19a. DATE C	F OPERATION	196 CONDIT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY YES 💢	(? NO 🗌	
3		IAL CAUSE WAS		MONTH DAY YE	AR 21c. H	HOW INJURY OCCURRE	ED LENTER NATURE O	F INJURY IN ITEM 18 P	ART I OR PAR	RT 2)		
	CONTRIBUTE 21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LC	OCATION STREET	CITY O	RIOWN	COL	UNITY	STATE	
7		tify that I took charge lited from: Natura	of the remains described and courses. M. Dixon	Accident ,	Auto Suicide L	PSY X. Inspection Insp	Undetermined	I manner	d in my ap DATE SIGNE	8-14-8	31	
BALTIMORE, MARYLAND, 2	a BURIAL CREM	ATION, REMOVAL 23			EMETERY	OR CREMATORY	23d. LOCATIO					
-	Burial		8/19/81			orial Park	Balt	more Co	cour M	aryland	STATE	
24	FUNERAL DIRE						REC'D. BY REGIS					
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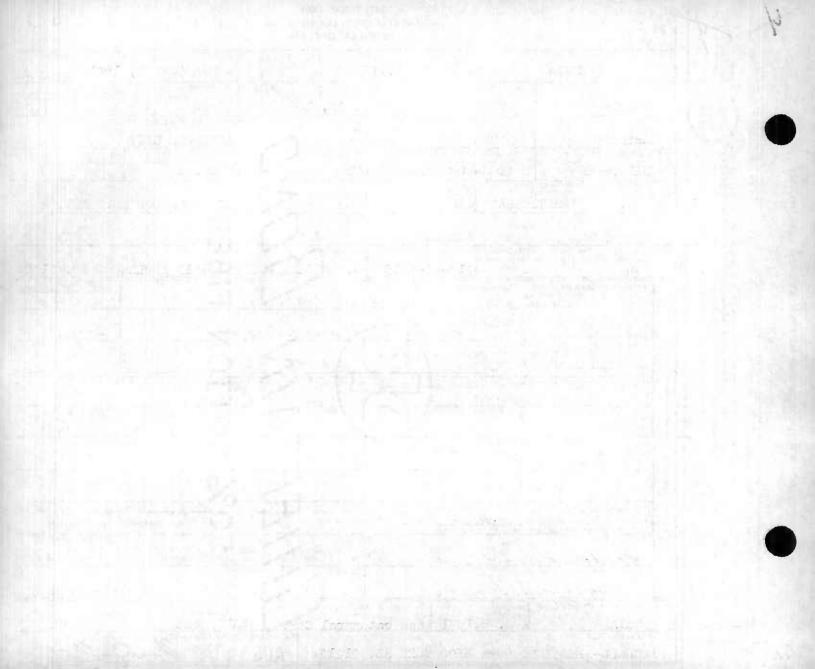
1	1 -	FOR STATE REGISTRAR		PARTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 REG. NO	20859
79.6		CEASED NAME FIRST	MIDDLE Hen	ry	AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
13m		FRANK	н.	MILLE	4 X		UG 11 1981 M
	3 SE	M ale	White	5. DATE C	PERTH PAY YEAR 95	6. AGE JIN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
1 2 ho		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUP USA	MARRIEI WIDOWE	NEVER MARRIED	BALT I MOR	R COUNTY OF DEATH E CITY
Of tiled with		ALTIMORE	ST AGNES H		R OTHER INSTITUTION	12a USUAL OCCUPATI ITYPE OF WORK FOR MOST OF Retired	
hould be	130. 5	Md. Ba	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13t. CITY OR TOWN Catonsville YES \(\sigma \) NO \(\sigma \)			217 Rosewo	od Avenue
5. Dia 3.		ATHER'S NAME Henry	MIDDLE Mil	ler	Mary	MIDDLE	Vogt
ricion ond co		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV YES WWW.	1 214-40	L SECURITY NO.	Marie J. M.	iller 217 Ros	
n signed by the ottendin Then pleose remove corb to buriol, cremotion, ar- injury, or other troumotic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON 1b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTIN	SEQUENCE OF	NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 110
hos been t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Mentol Hygor Item 18 sh	MEDICAL CER	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTI	H DAY YEAR		URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
alth and M	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
ched for us Ched for us Dept. of He I frem 21 is		220.1 certify that (I) (this hospit sow the deceased alive on above, (I) I we) (did) (did no 22b. SIGNATORE	AUCUST 10 1) view the body ofter death.	19 <u>81</u> , or	d that in (my) (our) opini DEGREE	on death occurred on the do	ote and hour and from the couses stated 22c. DATE SIGNED
. 0 4 -		X101811 J. V6	1cradou		ATTENDING PHYSICIAN	MEDICAL STAT	
ORT.		DR ROBERT B 1			22e. ADDRESS	N AVENUE	BALTIMORF MD 2122
O & M	23a. 1	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 8/14/81	23c. NAME OF C	EMETERY OR CREMATOR		
BP H-16 30M 2/80 VRA 15, 4)	24 F	UNERAL DIRECTO VITZKE	Funeral Home	P.A.	25g E		29 CGISTR SIGNATURE

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MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

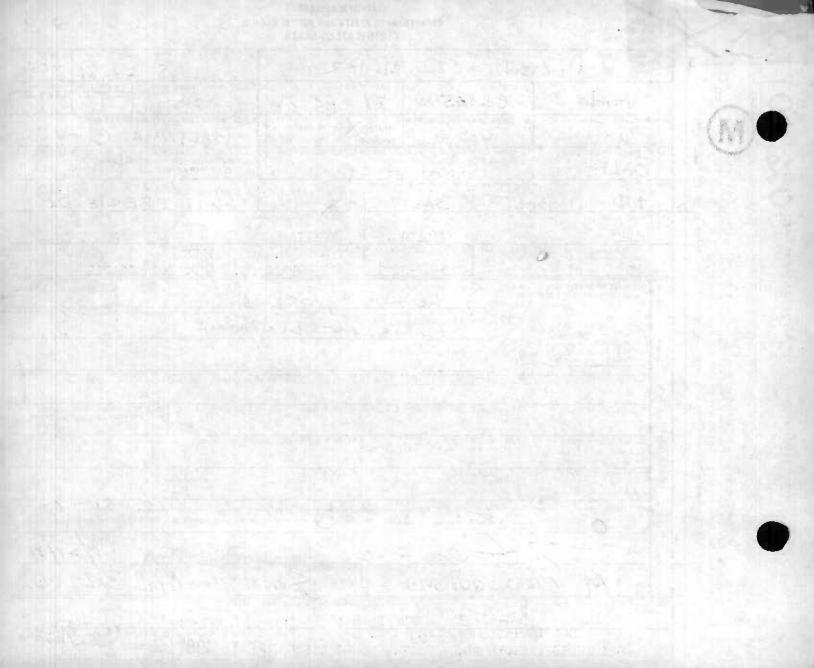
(VRA 15, 4)



24 hours offer deoth. Poor	35	DECEASED NAM (TYPE OR PRINT) 3. SEX TO BIRTHPLACE (1) COUNTRY 10. CITY OR TOWN	NEVANI	A. RACE A.	E	MIL 5. DATE O	ER	20. DATE OF DE	ATH MONTH	9 1981	26 HOUR 7:19
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hour lin be f	35	MARYL		76. CITIZEN OF WHA		MONTH A	ugušt10 19		LAST BIRTHOAY) YRS.	MONTHS DE	IF UNDER 24 HOURS
hour fin be f	35	IN CITY OF TOWARD	TUL	U.S.A		WIDOWE		BALTIN		Y OF DEATH	
h the		BALTUN	OPE 1	UNIVERSIT	TY MA	RY LATA	UD HOSPITA		UPATION MOST OF WORKING LI	FE) 12b. KIND O	F BUSINESS
n to	35	USUAL RESIDENCE 130 STATE WARYCANUZ	136 COUN	OTHER INSTITUTION, GIVE	CITY OR TOW	VN _	13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS 357	Old Tra	il Re
ted withi	30	FATHER'S NAME FIRST	ed i	Migdle /	Mila	R	15 MOTHER'S MAIDEN N		DDLE	EDER	6
be execut an ond co	0	60. WAS DECEASE (YES, NO OR UNKNO		MED FORCES? 16b E WAR OR DATES)	SOCIAŁ SECU	URITY NO.	Gerard J		ADDRESS	Trail F	त. 21212
the death certificate be the otherding physicia remove carbon popers removal. The transmooth or tending event, the		Conditions, gave rise cause (o),	f ony, which o immediate stating the	DUE TO, OR AS	A CONSEQUE	ENCE OF	PREST INCUS APTO	2108US	1	APPROXI BETWEEN (MATE INTERVA
equires that in signed by Then please r to burial, c		PART 2. OTH	PSIGNIFICANT C	(c) 14	PE B	LNTE	NOT RELATED TO THE TER	HORTIC A	CONDITION GIV	/EN IN PART 1(d	1,
The law it tian. Eian. e hos bee e hos bee sit permit.	2	BIPA DATE OF 21a, ACCIDENT	181	ENTERRU	PIED AK		RUNKUS ARTIERA		IN CERTIF	S, WERE FINDIN FYING CAUSES IS	OF DEATH
NG PHYSICIAN: T attending physici fter this certificate as the buriol-tronsi h and Mental Hygi syked or Item 18 sh	7	OR CONTRIBUTE	VAS UNDERLYING CIG CAUSE OF DEA IFY MEDICAL EXAMINER CCURRED NOT WHILE CITY AT WORK	TH HOUR A.M.	MONTH D	19	216 HOW INJURY OCCUI		OF INJURY IN ITEM 18 I	COUNTY	STAT
AL OR ATTENDING or the hospital or AL DIRECTOR: A detached for use of the Director of Health of the Director of Direct		saw the	leceased alive of (we) (did) (did no	ol) attended the de U.S. 1. 9 1) view the body after	r death.		d that in (my).(ear) opinion DEGREE ATTENDING PHYSICIAN	death occurred on	STAFF	or and from the of	
TO HOSPITAL retained by the TO FUNERAL should be det with the State MADORTANT:	1	22d. PHYSICIA	N'S NAME (TYPE O	11	UTON		22e. ADDRESS 22 5.	Greene	8t. 6	altric	me
BP		Burial, CREMA (SPECIFY) Burial 4. FUNERAL DIRECT		236. DATE 8-21-81			edeemer	23d. LOCATIO CITY OR TO Bal TE REC'D. BY REGIS	to	COUNTY	Mä

Control of the transfer of the first of spreading with the second was a total OUT THE

8	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	20	3 6 3		
		CEASED NAME FIRST	WIDDLE		AST		MONTH DAY YE	AR 2h. HOUR		
ge 3	[IIII	MORT	00	MI	IER		8 28 8	31 805pm		
4 по) er, po effer d	3 SE	MALE	CAUCASIAN	5 DATE C	OAY YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN		
	70 81		76 CITIZEN OF WHAT COUNTRY?	08	05 08	1 DALLYMORE CITY O	YRS.			
M) \$5	C	MARY LAND	U.S,A.	MARRIE	NEVER MARRIED	BALTIMORE CITY MORE CITY MD.				
# = p	10. C	BALT IMORE	11. NAME OF HOSPITAL, NURS IN	ADDRESS)	0	17a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUS	ND OF BUSINESS OR		
ours in by e file	-OSU	AL RESIDENCE (IF NURSING HOME OR O	SINAI OTHER INSTITUTION, GIVE RESIDENCE BEFORE	HO S	> 1 .	SALESMAN		FOOD		
AND 2 AND 2 Filled could b	13a. S	MD. 136 COUNT	ALT 130. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	EBERIE	#21215 E D.C.		
RYLL virthir	14. F.A	THER'S NAME	AIDDLE LAST		15 MOTHER'S MAIDEN NA	WE		LAST		
MA by		HARRY	MILLE	R	CELIA	WIDDLE	ROTHS	STEIN		
MORE,		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17. INFORMANMRS. I	ROSE MILLER	SS			
BALTIMO cote be ex-		NO	216-09-	8801	6617 EBERLE	DR., APT. 2	202 #2121	5		
BAL) ote ote ysicic you.		18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), on	dic			AP BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH		
ST., I		PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (o) LEV	KEM	IA, SEPS	1				
ON the ce		2028	DUE TO, OR AS A CONSEQUE	ENCE OF	- 1	Astron				
he death ce he ottendin emove corb motion, or r	1	Conditions, if ony, which gove rise to immediate	(b) MAL	-15 N	IANT LYM	PHOMA				
I W. PR that the by the cose rem of, cremo		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF						
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN: The low requires that to other dring physicion. We the buriol-tronsit permit. Then please in the buriol-tronsit permit. Then please in the not Mental Hygiene prior to buriol, creatived or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury.	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RT I(o)		
Some results of the prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	NDINGS USED			
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OF VITA CLAN: T CLAN: T I physici physici ol-frons with Hygi em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PAR	T 2)		
ON Instanta	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION					
IVISI IG Pl offer the s the s ond rked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE		
O S S S S S S S S S S S S S S S S S S S		220.1 certify that (1) (this hospital	8-28 198	5/, or	d that in (my) (our) opinion	death occurred an the do	19 57	, tha (I)(we) lost		
RECTOR RECTOR RECTOR RECTOR RECTOR Fept. of H		77h SiGNATURE	view the body after death.	- 1	DEGREE		22c. D	ATT SIGNED		
the Dirth Dirth Control of the		-27	Ahon	i M	ATTENDING PHYSICIAN	MEDICAL STAF	FINDS 8	128/81		
PITAL by th VERAL be det Store		22d. PHYSICIAN'S NAMECTYPE OR	PRINT)		22e ADDRESS	DOMEST, AND S				
O HOSPIT. etoined by TO FUNER. should be a with the Ste			LDOQUI M.D		SIN	Ai Hospi	TAL BA	LT. MD.		
021	230 E	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
00/BP	24 5	BURIAL			FRIENDSHIP	BALTIMORE		MD		
DHMH - 16 50M 7/77 (VR A 15 (4))	74 F	NAME	EVINSON & BROS., ESTOWN RD BALT			P 1 1981	CISANCES	in father.		



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WALTER BROOKS BRADLEY INC. BALTO MD.

BALTIMORE,

PRESTON ST.

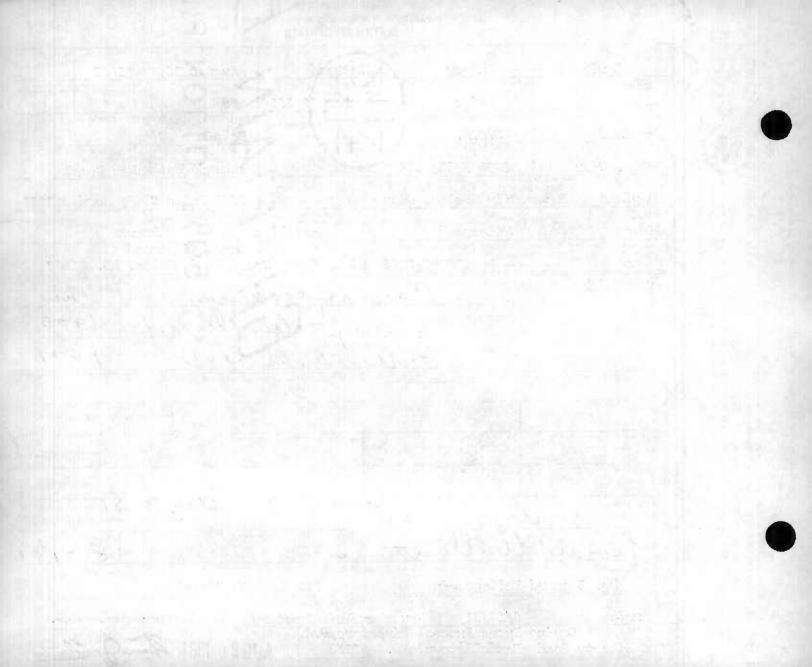
DIVISION OF VITAL RECORDS, 201

1	1.	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST	WIDDLE		AST		MONTH DAY	Y YEAR	26 HOUR			
2	[179	ROSS	LEE	MILL	ER		8 4	81	11:15P _M			
6 6	3. SE	X	4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS			
1 1 2 2 2		MALE	BLACK	10	3 25	55	YRS.	NIHS DATS	HOURS MIN.			
1 183		IRTHPLACE {STATE OR FOREIGN COUNTRY}	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O		F DEATH	MD.			
100 Per 100 Pe]	ITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VETERANS ADMINI			120 USUAL OCCUPATI TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	OF BUSINESS OR			
AND 21:		AL RESIDENCE (IF NUR ME OR STATE COUN MARYLAND	OTHER INSTITUTION GIVE RESIDENCE BEFOR 13, CITY OR TOW BALTIMOR	e admission) /N E	13d. INSIDE CITY LIMITS?	1207 Druid	Hi11 A	lvenue				
BALTIMORE, MARYLAND cate be executed within 24 spicion and completely filler opers. Pages 1 and 2 should vol. u), the medicolestenginer flus	14. F/	ATHER'S NAME FIRST UNKNOWN	MIDDLE LAST		15 MOTHER'S MAIDEN NA FIRST UNKNO	MIDDLE		ŁAS	37			
iMORE, nond con Poges 1	160.	S DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Clifton Johnson 1207 Druid VAMC Clinical Records Baltimore, Md. 2										
W. PRESTON ST., of the death certific y the offending ph se remove carbon p remotion, or remo			DUE TO, OR AS A CONSEQU	ENCE OF	(monary	carcin		BETWEEN	IMATE INTERVAL ONSET AND DEATH			
RDS, 201 equires the n signed b Then plea: to burial, injury, or c	NO	PART 2. OTHER SIGNIFICANT O	conditions contributing to		NOT RELATED, TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	01			
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physicion. fler this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b and mental Hygiene prior to b and mental B shows any injury	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSÝ?	20b. IF YES, VIN CERTIFYII	WERE FINDING CAUSES	NGS USED S OF DEATH?			
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NTENDI or spitol or CTOR: A for use of Heal		sow the deceased alive on	226 1 certify that X (this hospital) attended the deceased from JULY 21, 1981, to AUGUST 4, 1981, that X (we) lost sow the deceased alive on a AUGUST 4, 1981, and that in (X) (our) opinion death occurred on the date and hour and from the causes stated above XI (we) (idid) (100 XX view the body after death.									
by the hose by the hose detached State Dept.	X	22d PHYSICIAN'S NAME (TYPE O	us Houghe	-	ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	SIGNED 6/C/			
TO HOSPITA TO FUNERA should be di		San Law.	s Houghto		3900 Loch Ra		Balto.,	, Md.	21218			
1700	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	La viblace as		STATE			
S BP	24 E	Burial UNERAL DIRECTOR	0/11/01	Crown	sville Va.		nsvil					
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1630 Edmondson Avenue, Catonsville, Md. 21228

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		3 SE	× aa a la	4 RACE	5. DATE (DE BIRTH	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 74 HRS. DAYS HOURS MIN.		
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AND 212	335	13a				13d. INSIDE CITY LIMITS?	130 STREET ADORESS	ed Hill	Lux-		
TO HOSPITAL ON THE POST OF THE		MIDDLE LAS	ī	15 MOTHER'S MAIDEN NA	ME MIDDLE	o con	LAST				
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orices the signed b	ry, or	z					AINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 110		
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ALREC he low on. hos b	Sw.	TIFICA	THE DATE OF OPERATION	176 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES NO NO	IN CERTIFYING CAL	RTIFYING CAUSES OF DEATH?		
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ISOSI INN Id b	MPORTA!				D.	c/o Maryla	nd General	Hospital			
BP 11			BUND	23b DATE / 8/8/		Hetery or crematory	23d LOCATION OUT OF JOWN	COUNTY	47.		
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	FOR STATE REGISTRAR		DEPART	MENT OF	TE OF MARYLAN HEALTH AND MI FICATE OF DE	ENTAL HYG	0		2 () 3	7	0	
	I. DECEASED NAME FIRST (TYPE OR PRINT)	, ,	MIDDLE)		LAST		20 DATE OF DEA		DAY	20 110			
	3 SEX	4 RACE	,	-	OF BIRTH		6 AGE (IN YEARS L	8 AST BIRTHDAY)	30 IF UNI	81 DER I YEAR	2:50	-	
-	MALE	Cauca		9		56	YR	MONTH		HOURS	MIN.		
3	Pennsylvania	U.S.A	MARRIE			DIVORCED D		re Cit				MD	
3	Baltimore	11. NAME OF	HOSPITAL, NURSII THE FACILITY, GIVE STREET LS Admini	Baltimore City 170. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY enter Mechanic Linoleum									
5		OR OTHER INSTITUTION	TY 13c CITY OR TOWN			Y LIMITS?	13e. STREET ADDR	RESS		venue	212	207	
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	27a.1 certify that X (this has saw the deceased alive a above, X (we) (did) (XX)	AUGUST	de deceased fram 30, 19	81, a	nd that in (X _y) (at DEGREE	19 81 our) apinian o	ne augu death accurred on MEDICAL DIRECTOR P	he date and					
	22d. PHYSICIAN'S NAME (TYPE	C. Mil	ler, m)	>	22e ADDRESS		ven Blvd		to.,	Md.	2121	8	
	236. BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	23b. DATE 8/31/	/-		ty Pro		23d LOCATION CITY OR TON	VN	. Ba	ăit.	• Md	ATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

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shauld be detoched far use as the burial-tronsit permit. Then pleose remave corbon pope with the Stote Dept, of Heolth and Mental Hygiene prior ta burial, crematian, ar remaval

MPORTANT: If Item 21 is morked or Item 18 shows any

24 FUNERAL DIRECTOR
NAME
MacNabb F Funeral Home

Catonsville,

250 DATE REC'D. BY REGISTRAR 256. REGISTRAD'S SIGNATURE SEP 3 1981

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C. C. L. Clery

Do of C. M. May my the best west with some, Mr. St.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH (TYPE OF PRINT) LOTTIE MONDOWNEY 15, 1981 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR YEAR E6ROID 1901 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE! JOHNS HOPKINS INDUSTRY touse wire UAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO T 15 MOTHER'S MAIDEN NAME HuGUSIUS IN U.S. ARMED FORCES 17 INFORMANT (IF YES GIVE WAR OR DATES) 1-18-5425 OLLEN DOUGLASS 3408 ESSEX 18 CAUSE OF DEATH Enter only one couse per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 294: IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on Acrest 5
obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 27h SIGNATUR DEGREE ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN should be de with the Stot IMPORTANT 0 23a BURIAL, CREM 23d LOCATION STATE DHMH - 16 50M 1/81 (VRA 15, 4)

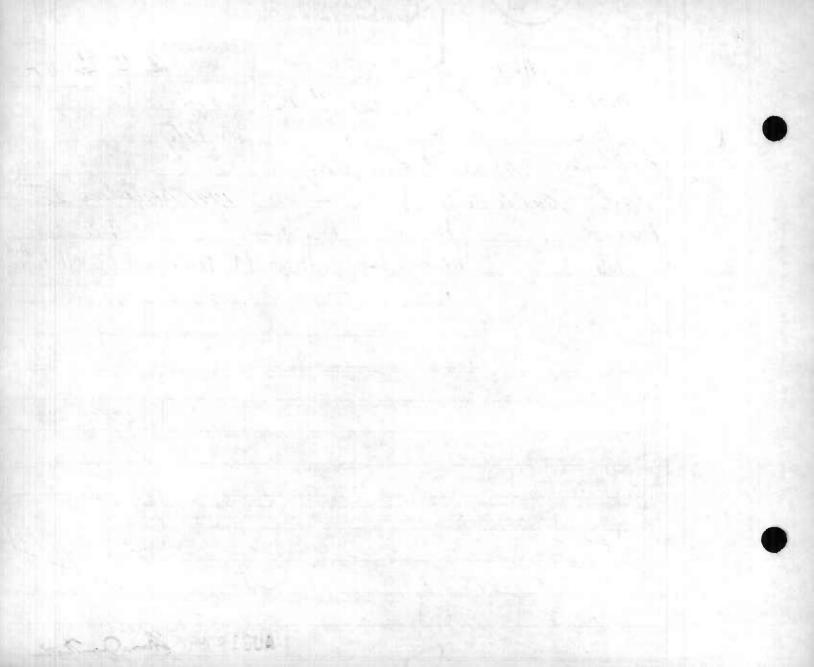
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		1	STATE OF MARYLAND
	1	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 8 7 5 CERTIFICATE OF DEATH
	1 7 4		CEASED NAME PRIST ALVIS L. MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	ge 4 ma)	3 SE	MALE B S DATE OF BIRTH NONTH DAY YEAR 16 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	death. Po		IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH MARRIED DIVORCED BALTIMORE CITY OR COUNTY
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LANÖ 2120°	n 24 hou	5	AL RESIDENCE JIP NURSING HOME OR OTHER ANSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 136 COUNTY 136 STREET ADDRESSTREET
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BALTIMORE	be executed and the medical		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDRESS AVE. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 110-05-1149 ES HIER M. Thomas 600 Whitnore
PRESTON ST.,	the death certificate the attending physic remove carbon gape emotion, or entrangle er traumatic entra		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
DS, 201 W.	quires that signed by then please to buriol, cri	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
AL RECORDS,	The law re sician. It has been nosit permit. I region prior shows any in	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
N OF VITAL	SICIAN, ng phys certifico priod-tra entol H	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION
DIVISION OF	after the osther the orked	MEC	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	ATTER ospito ECTOR d for it. of H		220. I certify that (I) (this haspital attended the deceased from 19, to 19, to 19, that (I) (we) last saw the deceased alive on 19, and that in (my) (purilippinion death occurred on the date and hour and from the causes stated above, (I) (we) laid) (did not) view the body after death. 226. DATE \$IGNED
	by the hore by the hore by the hore by the hore e detache State Dep		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
	to HOSPITAL Cretoined by the TO FUNERAL D should be detacted with the State D IMPORTANT; if	12= 0	KCKIBBIN BCT
-1-	dul .	230 6	SPECIFY) CITY OR TOWN COUNTY STATE
170	7 BP	24 FI	Burial 8/21/81 Cedar Hill Cemetery Anne Arundel Co Md UNERAL DIRECTOR AND ARGISTRAR 25 PEGISTRAR
	DHMH - 16 60M 1/75 (VR A 15 (4))		lliam C. March F/H 1101 E. North Ave



6	1 -	FOR STATE REGISTRAR		DEPARTM	AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO	2 0 3	16
		CEASED NAME FIRST		WIDDLE	10	LAST	20. DATE OF DEATH	AONTH DAY YEAR	26 HOUR
+ 13		Harry			1 0	ove		8 2381	905 A
	3. SE)		4. RACE		5. DATE C	OF BIRTH H DAY YEAR	6 AGE IN YEARS LAST BIRTH		
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1	10 CI	Virginia TY OR TOWN OF DEATH	U.S.		G HOME C	DR OTHER INSTITUTION	Baltimore		OF BUSINESS OR
31	100		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
1		Baltimore AL RESIDENCE (IF NURSING HOME O		more City		ital	Welder	Beth	Steel
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		ryland		Baltimore	e	YESXX NO		ster Street	
PM	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDIE	t.	AST
190		Charles Moore				Vada	Davis		
/	160 V	AS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	ss Baltimore	, Md.
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1	Ħ					N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FIND	INGS USED
			men se			N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
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Baltimore, Md

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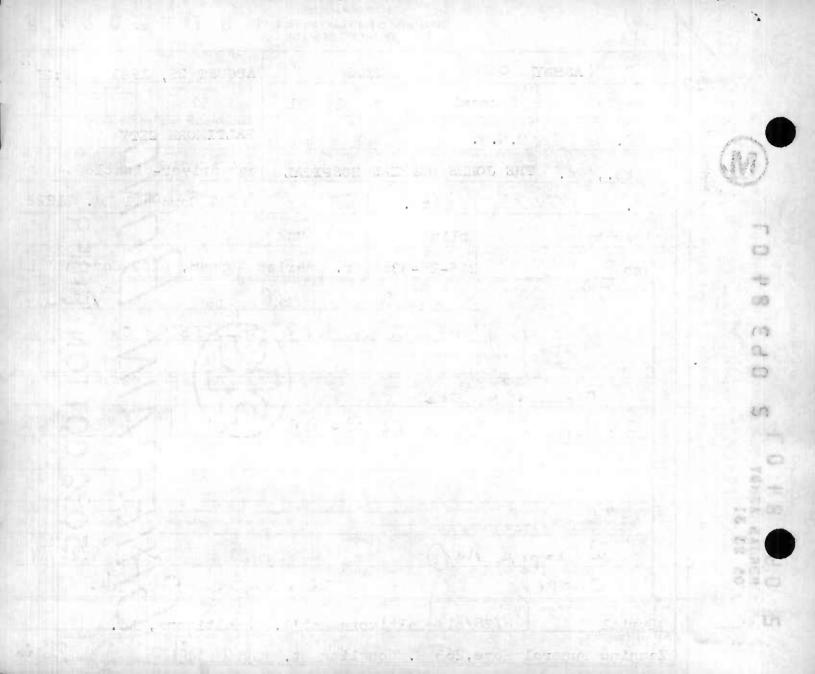
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. DHMH - 16 50M 7/77 (VR A 15 (4)) Dispet Feneral Homes Inc 1910 Falls that

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s offe by the filed w.	10 CI	TY OR TOWN OF DEATH Baltimore	(IF NOT IN S	F HOSPITAL, NURS SUCH FACILITY, GIVE STREE Agnes Ho	T ADDRESS)	OR OTHER INST	ITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' Inspecto	TION TOF WORKING		BUSINESS OR Sights &
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be execution and control on ond control or		VAS DECEASED EVER IN U. (ES, NO OR UNKNOWN) YES	S. ARMED FORCES? ES GIVE WAR OR DATES) WW II			Gary M		204 F Norm	andy		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA NG PHYSICIAN: The low requires that the death certificat oftending physicion. Ifter this certificate has been signed by the ottending physis as the buriot-transit permit. Then please remove carbon popility and Mental Hygiene prior to buriol, cremorian, or removal orked or Item 18 shows any injury, or other traumatic event, it		Conditions, if ony, which gove rise to immedia couse (a), stating 11 underlying couse los	AUSEĎ BY: EDIATE CAUSE (o) DUE TO, th te he DUE TO, st. (c)	OR AS A CONSECUTION AS	JENCE OF	R For	Dis	iense			MATE INTERVAL
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2547 == 3 A		SURIAL, CREMATION, REMO SPECIFY) Cremation				emetery or c Park Cr			-		arylähd
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR NAME bbard Funeral	1 Home, I	Balto, nc. 4107	Md. 2 Wilker	1229 s Ave.	250 A	JG 1 7 1981	IR 231 PEG	STRAKE JIGNAM	DES The

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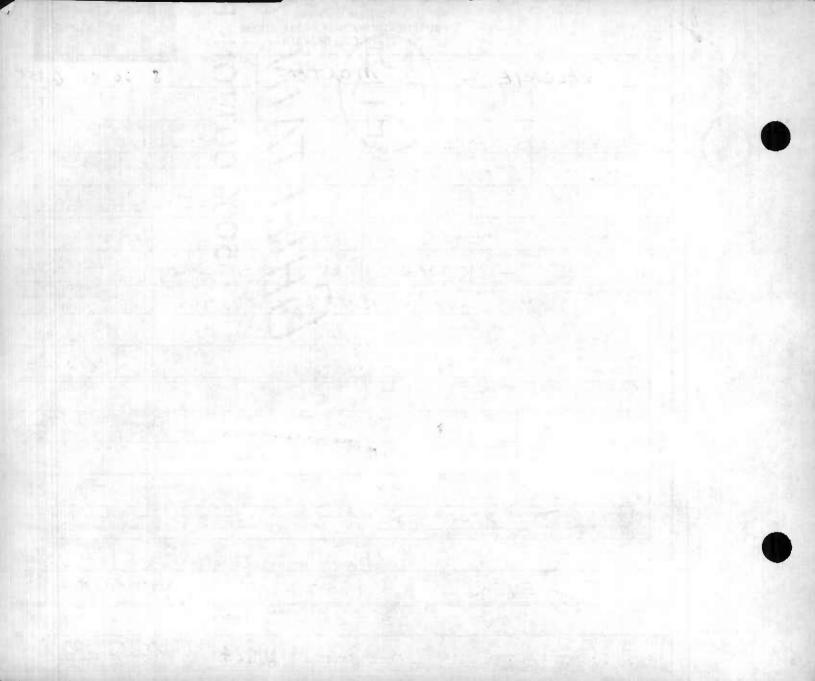
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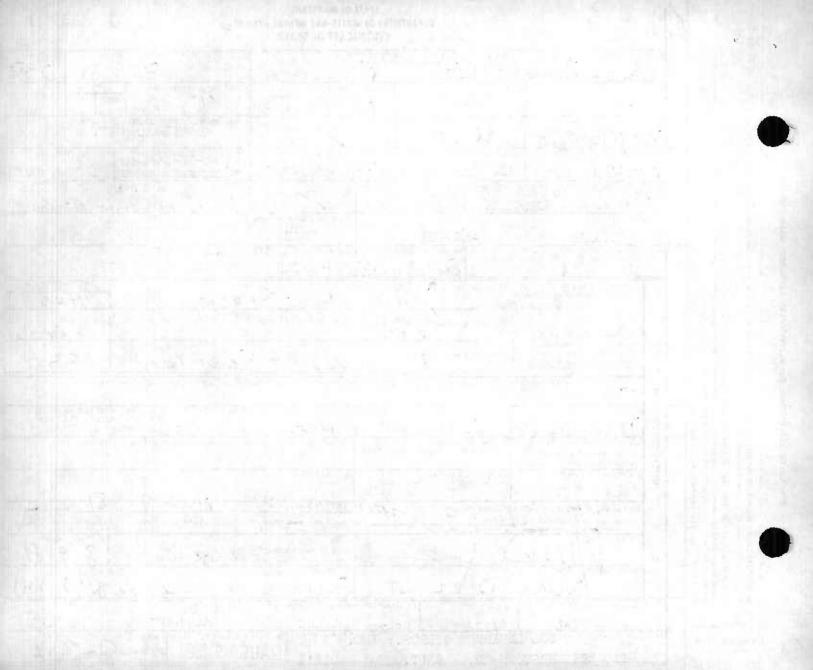
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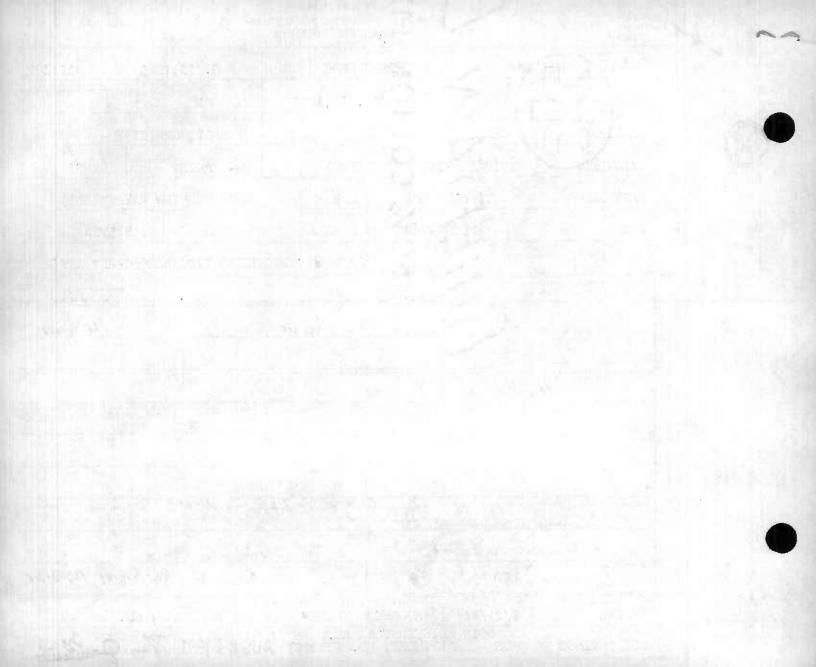
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MI		IENE 3	REG. NO	2	U '	4	U
		CEASED NAME FIRST		DDLE	N	ORTO	gn/	2a. DATE OF E			DAY YEAR	2b H	OUR P
1	3. SE		4 RACE Black		5. DATE C		53°	6 AGE (INYEA	RS LAST BIRTH		MONTHS DAY		NDER 24 HRS JRS MIN.
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1	(3)	vas deceased ever In U.S. ara ves, no or unknown) { if yes, give No	WAP OP DATES	580-14-8		Cyril 1		5207 S	ADDRESS Saybro		Ba	lto	. 06
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1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORA	MED	200 AUTOP		IN CERTIF	S, WERE FINE FYING CAUS	ES OF D	
2	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e PLACE O (AT HOME, STREE	MONTH DA F INJURY IT, FACTORY, OFFICE, F.	19 ARM, ETC)	211 LOCATION		RED (ENTERNATU	CITY OR TOWN		PART 1 OR PART ?		STATE
]		220.1 certify that M (this haspit saw the deceased alive on above, (1) (we) (did) (did not 27b. SIGNATURE	l view the body a	19		d that in pay (o	TENDING IYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		19 22c. DA	ie cause	
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		INERAL DIRECTOR NAME WM. C. MARCH F/	H INC.	1101 E.	North	Avenue	25a. DAT	G 2 4 19	GISTRAR 25	Plane	RANG SIGN	The state of	d.



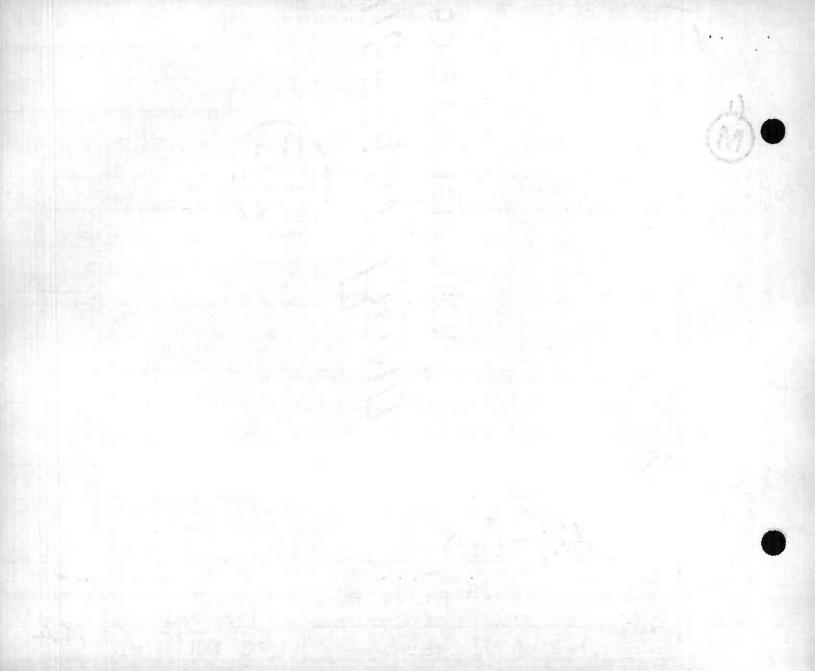
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mp free of	3. SE		4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs retriending physician and completely filled in b. as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be III, this and Mental Hygiene prior to burial, cremation, ar removal. are shown only injury, ar other traumatic event, the medical examiner must be nit and are also as the burial to burial.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBE	TING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (SIVEN IN PART 110
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26 E#3 \$	23a. 6	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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2 DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR SOL	LEVINSON &	BROS., IN	C. DATE	EREC'D. BY REGISTRAR 251 81G	ISTRAR'S SIGNATURE
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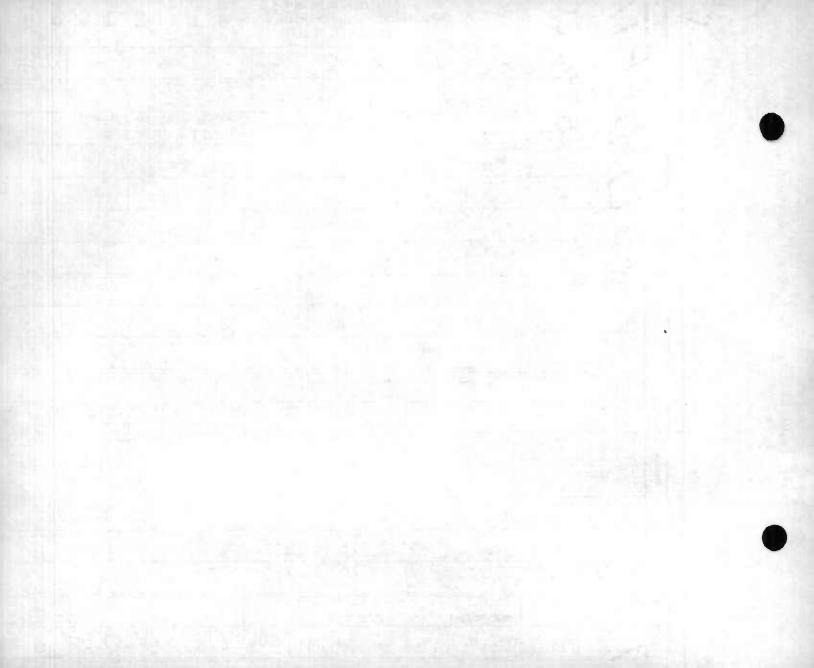


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16a. \	WAS DECEASED EY YES, NO, OR UNKNOWN	VER IN U.S. ARMED) (IF YES, GIVE WAR	OR DATES)	66. SOCIAL SECURIT 216-74-44		Jay Mosle	y 1815	Braddi		enue	
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00 e o o o o o o o o o o o o o o o o o o		CEASED NAME FIRST E OR PRINT) E U 6 1	ENE B.	Mi	085 Sr	2ª DATE OF DEATH	MONTH DAY YE.	12 26. HOUR 1230AM
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in 72 hour		IRTHPLACE ISTATE OR FOREIGN OUNTRY) VIRGINIA	75. CITIZEN OF WHAT COUNT USA	RY? 8	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEAT	TH MD.
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3	13 ₀ .	AL RESIDENCE (IF NURSING HOME OF STATE MD.	ROTHER INSTITUTION, GIVE RESIDENCE B NTY 13c. CITY OR T BALT	OWN	13d INSIDE CITY LIMITS?	136. STREET ADDRESS CHE	STNUT STI	REET
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M 1/75 4)}		UNERAL DIRECTOR NAME C. MARCH I	F/H 1101 E. I	NORTH A		IGT2 BY REGISTRAR	Plane De	MATURE



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DIVISION OF VITAL RECORDS, 201 NER: THIS CRTIFICATE SHOULD BE EXECUTE CATE, WRITING THE WORD, "PENDING", IN F FORWARDED TO THE CHIEF MEDICAL EXA OR: PAGE 3 SHOULD BE USED AS A BURIAL. THE STATE DEPARTMENT OF HEALTH AND ME NND, 21201 PRIOR TO BURIAL, CREMATION,	CAL CERTIFICATION	UNDERLYING	OR CAUSE OF	но	TIME OF UR A.M. P.M.	MONTH	DAY YEAR	21c H	OW INJURY	OCCURRE	D (ENTER I	NATURE OF IN	URY IN ITEM	18 PART	OR PAR		29 []	NO (A)
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TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNEAR AFTER DEATH BALTIMORE		EXAMINER'S I (TYPE OR PRIN	NAME VI	rginia	L.		NAME OF CE	METERY	ADDRESS_	I I		nn St	reet					
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Balto., Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

REGISTRAR

- STATE

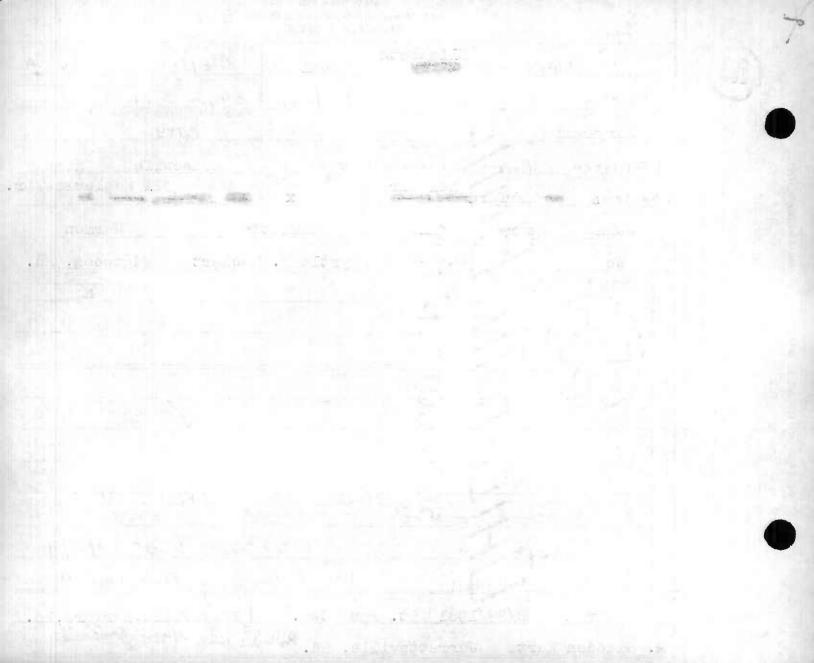
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	h	FOR - STATE	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	GIENE 🞖	20889
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Home /		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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	3 SI	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HR
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afte the function of the funct	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12h KIND OF BUSINESS (
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e med co		WAS DECEASED EVER IN U.S. A	WE WAR OR DATES)	URITY NO. 17 INFORMANT	ADDRESS	
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icate sicia ers. val.		IL CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), o	and (c). (APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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h ce ing j or re		ESTA IMMEDIA	ATE CAUSE (a)			
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that the y the crem crem		cause (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		150
П Ф		underlying cause last.	(c)			
equires signed n pleas burial injury,	1.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
sw rec	CERTIFICATION	Gengren	too small sowel	S/P Expiratry		small sowil resecti
The law e has beer bermit. The ene prior shows an	7 3	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	20a AUTOP\$Y? 20b. 1	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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PHY ng ph this c urial Men d or	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
DING P ttending After th s the bur th and N marked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ND atte			in the state of th	8 19 10 8	1 . 6/16	10 11 4-11
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Poita for for fem			in191919		death accurred on the date and	
DIRE DOPT.		226. SIGNATURE	1011.	DEGREE	NEDICAL STAFF	22c DATE SIGNED
ITAL OF y the hos RAL DIF detached state Deprivate Depri	1 1	Chitalizard	VallyZun	ATTENDING PHYSICIAN	MEDICAL STAFF	8 8/16/81
SPI SPI VER		224. PHYSICIAN'S NAME (TYPE	OR PRINTI/	22e ADDRESS	B	ALTIMORE, MD.
TO HOSPITAL retained by the I TO FUNERAL I should be detact with the State D IMPORTANT:	100	CHATCHAVAL	WITH IGA NON	NORTH CHA	ARLES GENERA	
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Can	230	(SPECIFY) Q	1 /	1 1 . 1	CITY OR TOWN	COUNTY STATE
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DHMH-16 25M	24	FUNERAL DIRECTOR	- ADDRESS	11 00	AUG 1 8 1981	SIRAR S SIGNATURE
(VRA 15, 4) 1/79	1	3111100	41 41 101	(1411)	AUIT L X LIOT M	were pay thesthe

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

g	REGISTRAR		CERTIF	ICATE OF L	EATH	REG.	NO		
	L DECEASED NAME FIRST	LEE		CELY		20 DATE OF DEATH		7 8:	10 110 011
١	1. SEX MALE	4 RACE WHITE	S DATE O		ĭî°9	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DA	
1	Ja BIRTHPLACE (STATE OR FOREIGN COUNTRY) WEST VA	76 CITIZEN OF WHAT COUNTR USA	MARRIE		ORCED	9 BALTIMORE CITY CITY	OR COUNT	Y OF DEATH	M
5	BALTIMORE, MD.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE STR ST. AGNES	REET ADDRESS)	OR OTHER INS	TUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS MAINTENAN	OF WORKING L	LIFE) 126 KIN INDUST HOM	D OF BUSINESS OR RY BELLO E - RETAR
5	USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b COU Maryland	ROTHER INSTITUTION, GIVE RESIDENCE BEINTY 13c CITY OR TO Baltim	OWN	13d. INSIDE C	NO 🗌	13e STREET ADDRESS 4352 ELD		DAD 2	1229
	14 FATHER'S NAME FIRST Owen		ely		MAIDEN NA FIRST INKNOWN	MIDDLE		F	last leshman
		RMED FORCES? 166 SOCIAL SE WAR OR DATES) 236-18		17 INFORMA		ong 4352 E	RESS ldone	Road	21229
	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	ve of	e inf	F, Bri	osterior S	- 11		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFO		20a AUTOPSY?	IN CERT		IDINGS USED SES OF DEATH? NO
	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK		19	211 LOCATION STREET		RED (ENTER NATURE OF IN		PART I OR PART	STATE
	22a. I certify that (I) (this hosp saw the deceased alive or	ital) attended the deceased from	, or	DEGREE	(our) opinion	death occurred an the	date and ha	ur and from	that (I) (we) lost the causes stated
	22d. PHYSICIAN'S NAME (TYPE) ANTHONY ARZ		1	22e ADDRES	S	NES HOSPIT		1 9/	701

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

morked or Item 18 shows ony

IMPORTANT: If Item 21 is

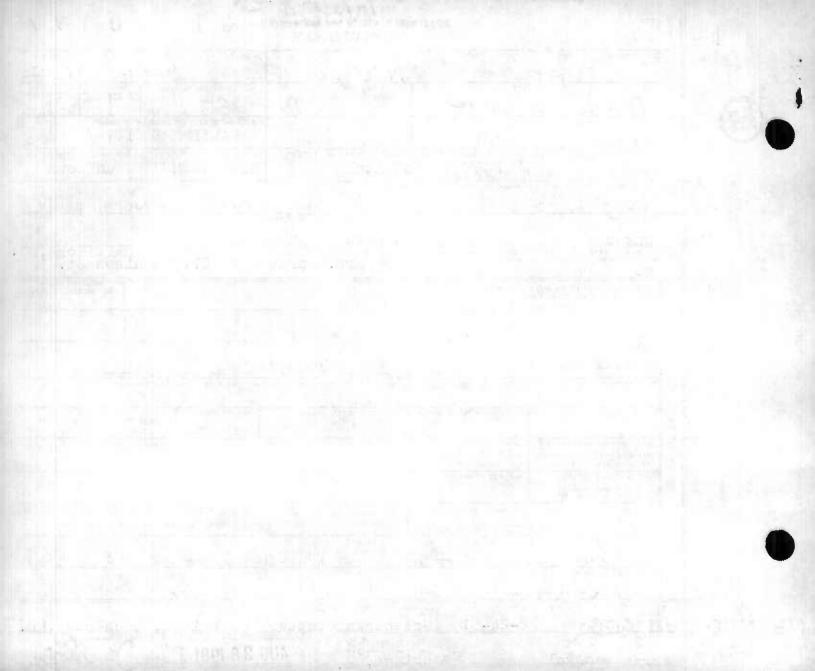
23a. BURIAL, CREMATION, REMOVAL

236. DATE 8/12/81

23c. NAME OF CEMETERY OR CREMATORY

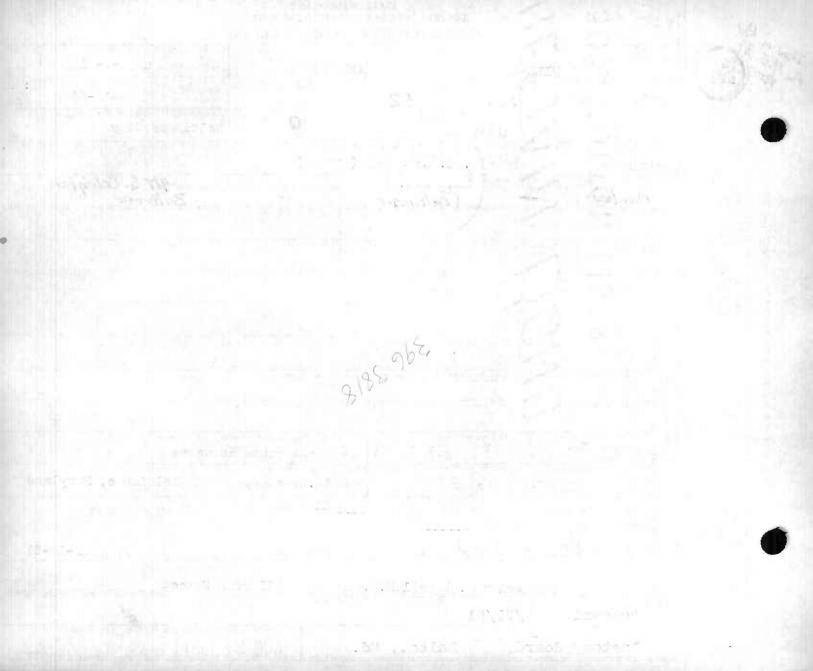
23d LOCATION
Clivortown
Clintonville Removal/Buria End of the Trail Cem. Baltimore, Md. 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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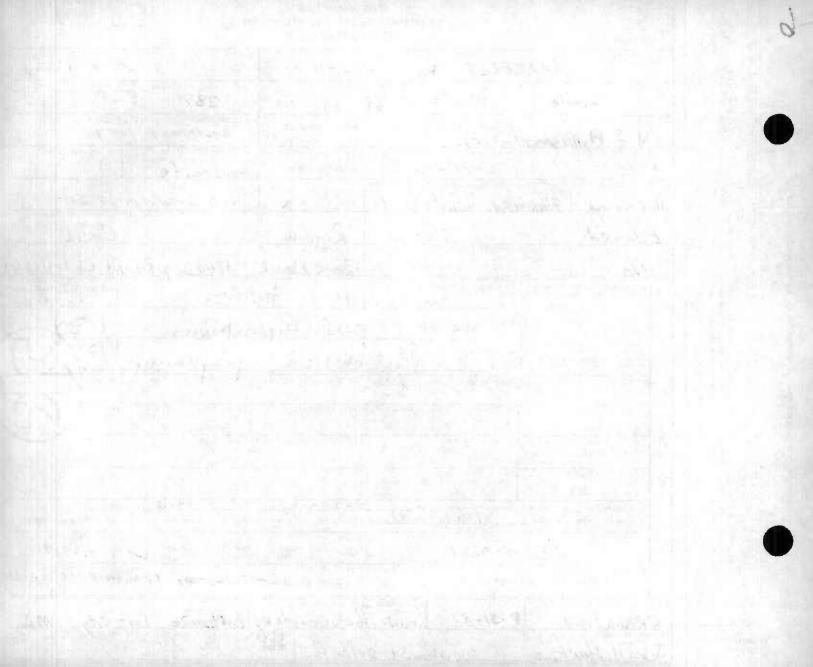


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-NORWOOD WITLIARD 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 7:495R LAST BIRTHDAY) PRONOUNCED 8-10+81 52 YRS male white UNKN 7b. CITIZEN OF WHAT COUNTRY 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NET ER MARRIED FOREIGN COUNTRY Baltimore City USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FACILITY GIVE STREET ADDRESS)

S. Broadway (Harbor) FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY Mary an Himory YES [] NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE ANIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a). MENTAL HYGIEN N. OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT OF PRIOR TO BURIA YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 8-? 1981 UNDERLYING subject found in water MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTWORE, MARYLAND, \$1201 P STREET, FACTORY, FARM, ETC.) 900blk.Broadway CITY OR TOWNBaltimore, Maryland TATE WHILE AT WORK habor 22a I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) 8-10-81 Assistant SIGNATURE EXAMINER'S NAME Korell M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23d. LOCATION COUNTY STATE Removal 8/21/81 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Anatomy Board **DHMH - 17** Balto., Md. (VR A15 ME (5)) 15M 2/80



6	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	0899
y be 1909 1909		CEASED NAME FIRST MAR	GARET R.	NOVAK.	2a. DATE OF DEATH MONTH	29 81 11:32 pm
ge 4 moy	3. SE	Female	white	5. DATE OF BIRTH MONTH TO THE CONTROL OF THE CONT	6. AGE (IN YEARS LAST BIRTHDAY) 38 YT. YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
neral direct in 72 hours	70. B	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY) S. A. Maryard	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	
201 rs ofter d by the fu filed with	2 8	SALTIMORE CITY	(IF NOT IN SUCH FACILITY, GIVE STREET SINAI HOSPI	G HOME OR OTHER INSTITUTION ADDRESS) TAL OF BALTO.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING HOUSEW, FE	12b. KIND OF BUSINESS OR INDUSTRY
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BALTIMORE, cote be executed to pers. Pages 1 mod. (1) mod. (2) mod. (1) mod. (1) mod. (1) mod. (2) mod. (3) mod. (4) mod. (4)	2 160	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 16b. SOCIAL SECU VAR OR DATES) 220-40		k 1849 Deep Ru	NRd. Whiteford, MD
201 W. PRESTON ST., es that the death certificated by the attending ph please remave carbonp urial, cremation, or rema	7	PART I. DEATH WAS CAUSED IMMEDIATE. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	SCE OF PUL, CY	enterman Centerman Centerman Centerman	BETIMEN ONSET AND DEATH 1-30 NEN IN PART 1(0)
NG PHYSICIAN: The low require outending physician. After this certificate has been sign on the buriol-transit permit. Then the dar Amental Hygiene prior to be noted or them.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
INSICIAN: The leding physician. is certificate has burial-transit per handl Hygiene frem 18 shows.		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D.P.M.	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	
IVISION JG PHYS attendin ter this or s the but h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f, LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital ar TTOR: Af for use of Healt		220. I certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)	8/29/ 19	8-29-, 19 8/., and that in (my) (our) opinion	to 3-29-4 death occurred an the date and he	, 19 2 , that (1) (we) last our and from the causes stated
AL OR A the has AL DIREC detached are Dept.		22b. SIGNATURE ASM	an. 4159.	DEGREE M D . ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED 8/29/8/.
TO HOSPITAL retained by the TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE OR P HARESH A	PRINT) SNAN/	22e ADDRESS	e Adje or Since	ai Hospital A Bullo
PPBP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Remation	236. DATE 8-31-81 23. 1	NAME OF CEMETERY OR CREMATORY	January 1960	STATE MD.
DHMH-16 30M 2/80 (VRA 15, 4)	J.	NAME HARKINS	600 Main.	St. Delta, Pa. SE	P4 1981 AREGISTRAN	



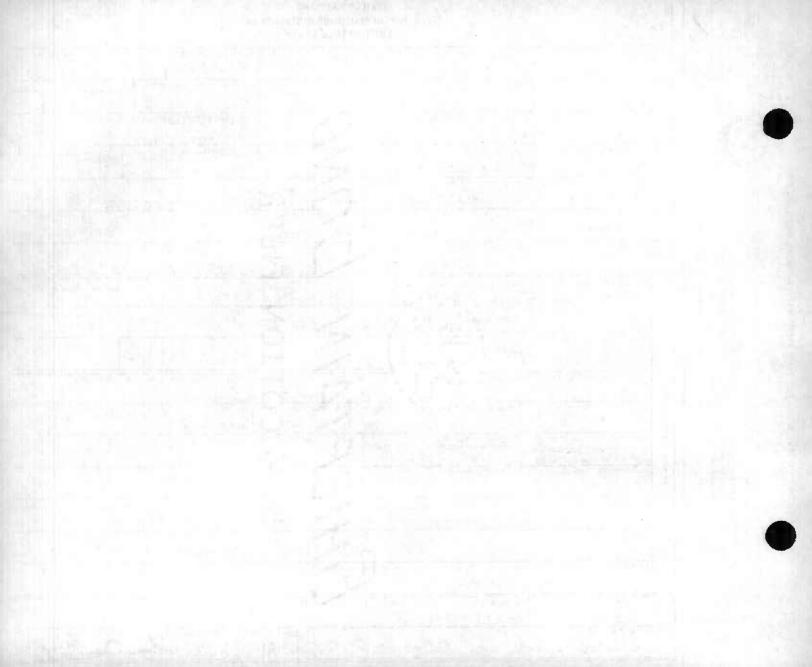
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

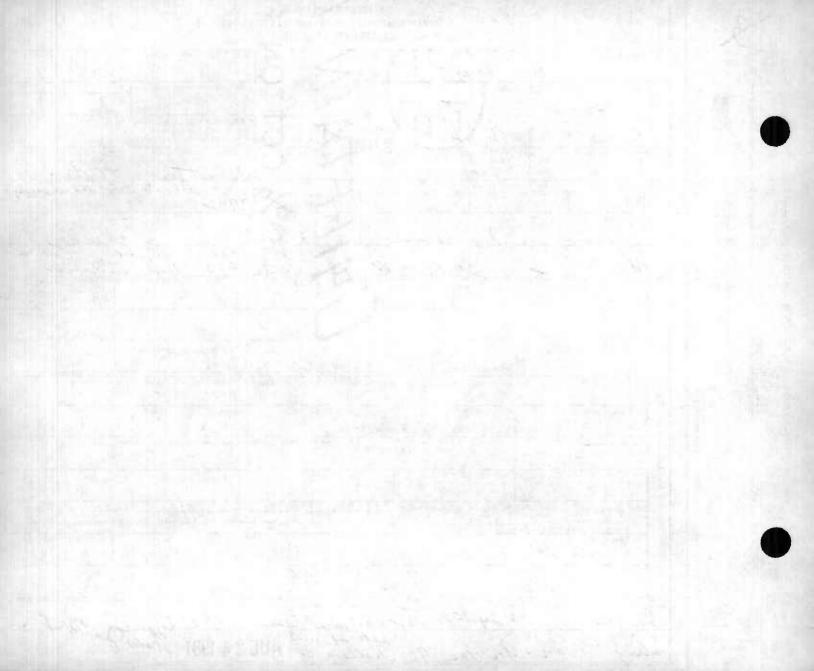
10	FOR STATE	DEPAR	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8-1	20901
3-1	REGISTRAR 1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	TH DAY YEAR 26 HOUR
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() () () ()	· Vivian	4. RACE	15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
ELIVER	Female	white	04 13 1918	63	MONTHS DAYS HOURS MIN.
1 99 996	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
1 1 4 3	Georgia	U.S.A.	WIDOWED DIVORCED	Baltimor	e City MD.
1116	10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR INDUSTRY
2 2	Baltimore		Appkins Hospital	Social wor	Ker Gov't.
E . B. D.	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE	TY 13c_CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
A House	Maryland Batt	imore Baltin	YES NO 15. MOTHER'S MAIDEN NA	11917 St. Paul	Street 21218
CK 3 5 E-	FIRST	WIDDLE LAST	FIRST	WIDDLE	LAST
	Tom Wa 160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	CURITY NO. 17, INFORMANT	ADDRESS	1917 St. Paul Stran
BALTIMORE, cote be execu- spers. Poges I wol.	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			in the factor and
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PRESTON SI he death cert he ottending emove carbon mation, or rer	gave rise to immediate	(6)	Ignant Things		
W out to cree	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		The state of the state of
201 ned I pleo uriol	PART 2. OTHER SIGNIFICANT C	ONDITIONS ONTRIBUTING TO	DEATH BUT NOT RELATED TO HE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(n)
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R ATTEND hospital a hospital a sec for use for use for use for use that 21 is m	saw the deceased alive an abave, (1) (we) (did) (d id no	wiew the bady alter death.	61, and that in (my) (our) apinion	death occurred an the date a	nd hour ond from the causes stated
A R S o o	22b SIGNATURE		DEGREE	MEDICAL STAFF	224, DATE SIGNED
- f = f = f	and a	Sauge my	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/1/8
- 0 m o 0 7	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS	N/C	
TO HOSPITA by TO FUNERA should be do with the Stati	Andre P	AUGH MD	The John	s Hapkins Y	Hospital
Do 1233	23a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	CALL STATE
209 BP	Removal-Buria	1 8-5-81 I	Kennesaw Mem. Pk		Cobb Gaire
DHMH-16 30M 2/80	24. FUNERAL DIRECTOR	ADDRESS	4905 York Rd. 150 A	FREC'D. BY REGISTRAR 25	EGISTRADIS SIGNATURE

THE REPORT OF STREET The state of the s Section 1980 But the second section of the section Line of the section o Maria Tolk Jan Jan 18 1 2 Million St. Jan Ban Ball John Jan 1980 the state of the s - position polynomial sumboling The Later 4 was a war a said and a wast a sound Therewal- was a Cart of the transpose of the cart of t LAST OF THE PARTY Total and an analysis and the contract of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR OCCHIONERO 5 DARCO 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 IR MONTH VEAR White 16 1925 Mau BIRTHPLACE I STATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED TO NEVER MARRIED Maruland WIDOWED DIVORCED [Baltimore Citu, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Good Samaritan Hospital Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore 2023 Ramblewood Rd YES XX NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST. Kozlewski Henry Rataczak Rose ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-16-9871 Mr. Michael J. Occhionero Same as # 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF hind dearge Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse Korenary PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION ö 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) morked NOT WHILE 22a | certify that (h (this hospital) attended the deceased from sow the deceased alive on A 46655 16
obove (1) (we floid) (did not) view the body after death. 19 51 , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF # PHYSICIAN M DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d PHYSICIAN'S NAME LTYPE OF PRINT should b 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN STATE Burial Baltimore Maryland
250. DATE REC'D. BY REGISTRAR 256, PEGISTRAR'S SIGNATURE Aug.19,1981 Holu Redeemar 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Balto., Md. (VRA 15, 4) Leonard J. Ruck, Inc.



3	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE B	2 () 9	0 3
± 2 6		CEASED NAME FIRST	MIDDLE	(1)	AITIS	20. DATE OF DEATH	VAD HTHOM	YEAR	26 HOUR 3 18
e 4 moy	3. SE		1 RACE Whote	5 DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR	THĐẠY) IF	UNDER I YEAR	IF UNDER 21 HRS
neom reg	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	MD.
by the fu	10 C	DALTO	11. NAME OF HOSPITAL, NU LIFNOT IN SUCH FACILITY, GIVES MERCY HOSE	JRSING HOME (STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPPOF WORK FOR MOST O	ON F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
filled in ould be	13a.		LITHER INSTITUTION GIVE RESIDENCE		134 INSIDE CITY LIMITS?	130. STREET ADDRESS	est to	Circl	e 21043
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physicia inpapers imovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) BY: TE CAUSE (a)	tension				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
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oitol or at TOR: After for use as i of Health a 21 is mark		220.1 certify that (1) (this hospi		0111	nd that in (my) (our) opinion	, to	19.	81 , the	ouses stoted
the haspii AL DIRECTO etached fo ite Dept. of T: If Item 21		27b. SIGNATURE	Law Spien	m.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN [7]	22c. DATE S	21/81
to FUNERAL DIRECTO FUND FOR A Should be detached with the State Dept.		22d. PHYSICIAN'S NAME (TYPE OF SCOTT ALL)	10.00	n.D.	301 St. Paul	CX HOSPITA	L 1	1202	
BP		BURIAL, CREMATION, REMOVAL		new &	METERY OR CREMATORY	224 LOCATION		ounty N)-99 ATT
H - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR LINAME COWASS	ADDR	Carl.	M. 2122 3250, DA	TE REC'D. BY REGISTIAN IG 2 4 1981	hem) wantit	RÉ



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18	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL FICATE OF DEATH			2 (0 9	0 5
		CEASED NAME	FIRST		MIDDLE		LAST	20	REG. NO	MONTH DA	Y YEAR	2b. HOUR
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pog pog er de	3. SE	х	7 100 09	4 RACE		5. DATE (6	AGE (IN YEARS LAST BIRTI	IDAY) II		IF UNDER 24 HRS
ctor,		Femal	e	Wh	viite	Apr	il 23, 1920	Ö	61	YRS	DAYS DAYS	HOURS MIN
å 63 21		RTHPLACE (STATE COUNTRY)	OR FOREIGN	76. CITIZEN OF	F WHAT COUNT	TRY? 8 MARRIE	D NEVER MARRIED	9.	BALTIMORE CITY O		OF DEATH	
	10.0	Maryland ITY OR TOWN OF E	OF ATH		HOSBITAL NI	WIDOWI	DR OTHER INSTITUTION	-	Baltimore		Tal While of	MD
by life		altimore	DEATH	HEADS IN SE	CHIACILITY, GIVES	reet address)	o.Md. 21230		a usual occupation of work for most of Packager.		INDUSTRY	BUSINESS OR
AND 212 24 hour ould be cmust be	130.	AL RESIDENCE (IFN STATE	13b. COU		13c. CITY OR	BEFORE ADMISSION) TOWN WRE	134 INSIDE CITY LIMIT		543 E. Fora	Ave.	Balto M	1
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C HOSPITAL TO FUNERAL should be det with the Store		Dav	NAME (TYPE O	ORPRINT)	ahn		SGO	Loc	ch Rave	n B	Ivel a	1239
40 9 BP	23a.	BURIAL, CREMATIC SPECIFY) Burio		236. DATE Aug. 37	1,1981	11 1 6	EMETERY OR CREMATE		236. LOCATION SITY OF TOWN Baltimon	e,	ounty haryle	state
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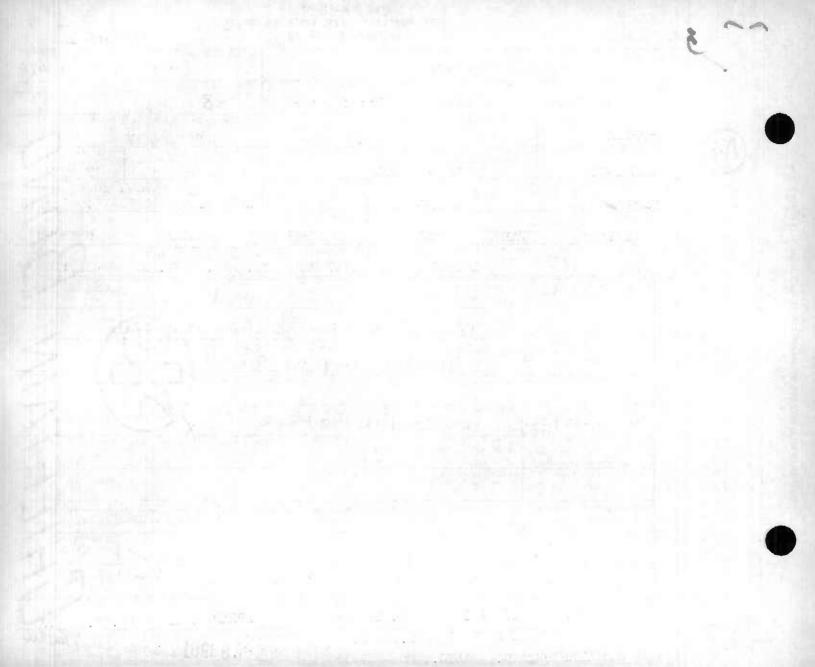
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DHMH-16 50M 7/77 (VR A 15 (4))	24 FI	harles S. Zeile	er & Son	Inc. 622	24 Ear	tern Av	256. DATE	IG111	181	REGISTRAR'S S	GNATURE	7thm

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	1 -	FOR STATE REGISTRAR	DI	PARTMENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2 0 9	0 /
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		Charle	s Louis S.	Orem		August 9, 1		м
A)	SEX	Male	4 RACE White	MON	of Birth	6 AGE (IN YEARS LAST BIRTHDAY) 80 yrs yrs	MONTHS DAYS	HOURS MIN
35		THPLACE (STATE OR FOREIGN UNTRY) Maryland	76 CITIZEN OF WHAT COU	MARRI WIDOW	ED ENEVER MARRIED	Baltimore City or COUN		MD
) 10	-	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GE 4318 Evans	NURSING HOME VE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	12h. KIND OF	BUSINESS OR
13 M	3e ST	RESIDENCE (IF NURSING HOME OF ATE 136 COUN Maryland =	NTY 13c CITY C		134. INSIDE CITY LIMITS?	13. STREET ADDRESS 4318 Evans Cha	apel Boad	(21211)
00	FAT	HER'S NAME FIRST Louis	MDDIE Orem	AST	15 MOTHER'S MAIDEN NAMERST		Baseman	
7 16		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO	17 INFORMANT	ADDRESS		
16	,,,,	No	214-	03-5541	Mrs. Edna Ore	em-4318 Evans Cl		(21211) ATE INTERVAL ISET AND DEATH
		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)		Seven C	0 P D		
injury, or	z [1		T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (
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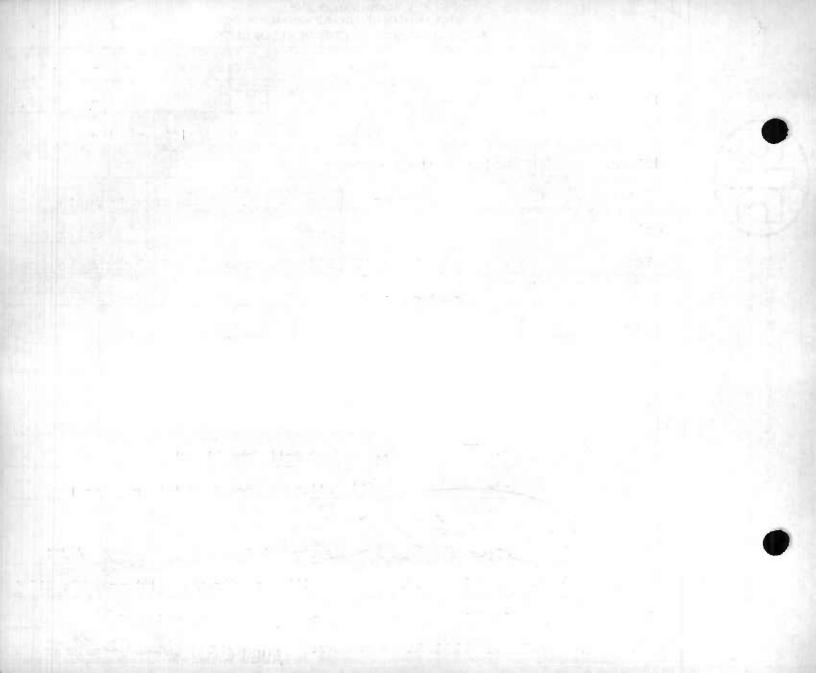
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DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR SO	L LEVINSON & BROS	5., INC.	TE REC'D. BY REGISTRAR 256 PEGISTRA	



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN X 2b. HOUR LIYPE OR PRINT! OF Henry Owens DEATH MATED 1981 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) MONTHS PRONOUNCED Black Male DEAD 9 15 28 52 1981 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Va USA Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore 500-block USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md NO 0 865 Reinhardt Street Baltimore YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Owens Lucy Easter 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO YES NO, OR UNKNOWN) 214-20-2817 Ella M. Owens 1008 Shellbanks Road CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERM AND MENTAL HYGENE MATION, OR REMOVAL Fractured Neck IMMEDIATE CAUSE (g)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION USED AS. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, 20 AUTOPSY? YES XX NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 Ø OR UNDERLYING Subject fell from bicycle CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC. WHILE WHILE AT WORK Callender Street. Baltimore, Maryland Autopsy XX harge of the remoins described tabave, held an 22a. I certify that I tue Inspection and in my apinian death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY ACTUAL DATE 8/8/81 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME ADDRESS 111 Penn Street, Baltimore, MD. 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 8/14/81 Md Veteran Cemetert Crownsville Md 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** William C. March F/H 1101 E. North Ave VR A15 ME (5)

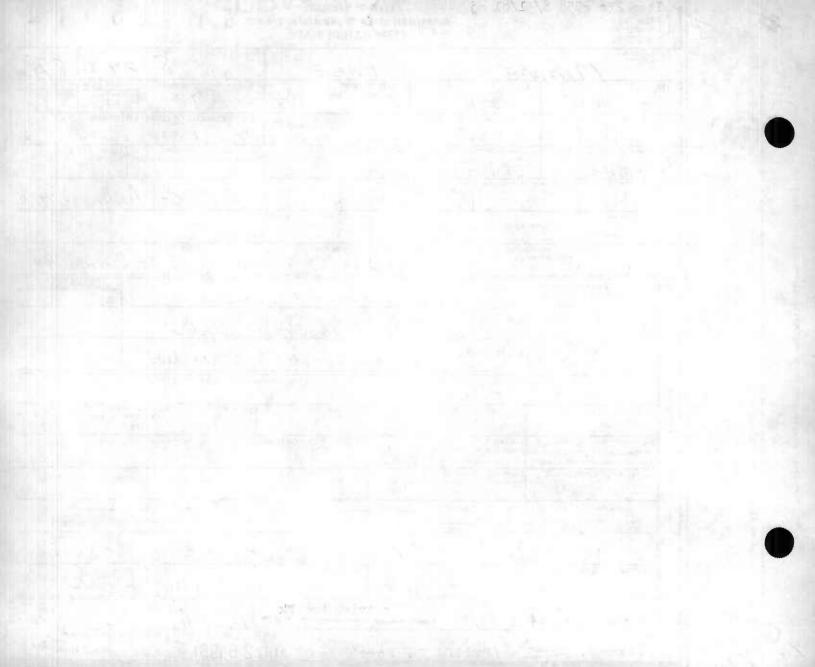
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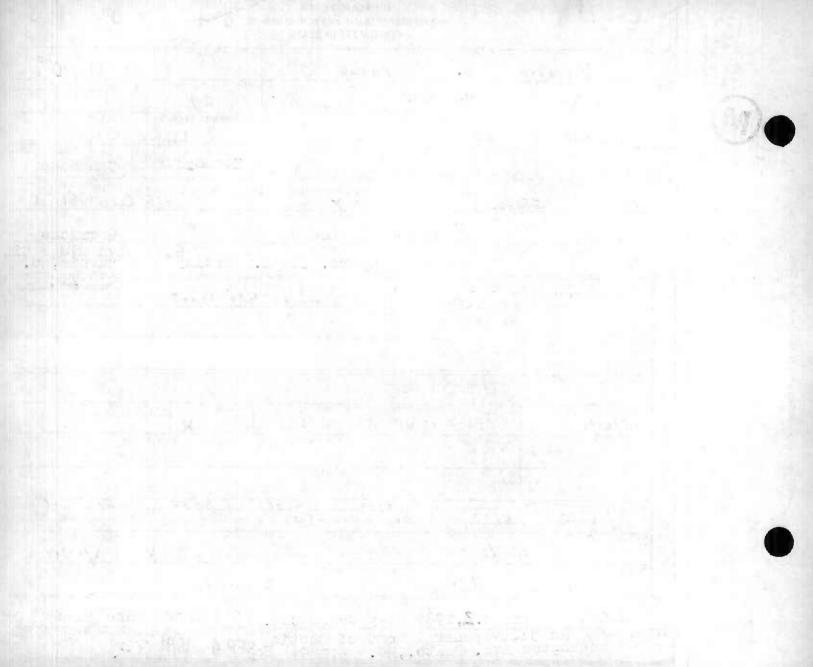
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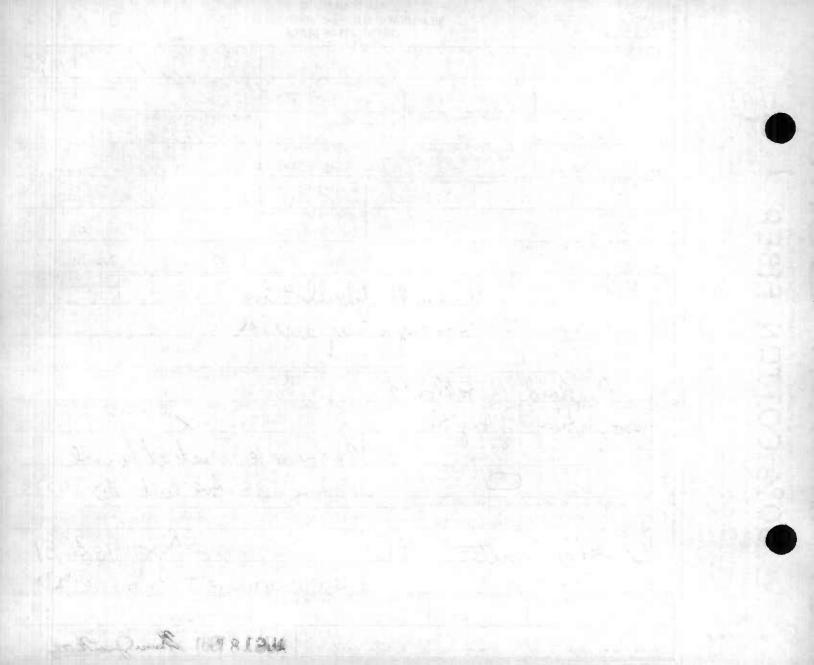
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 2n DATE OF DEATH 26 HOL TYPE OR PRINT /ICTORIA 30 PAJAK 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Caucasian Female YEAR 93 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOLAND WIDOWED W DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Own Home SOUTH RALTIMORS GENERAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 615 Cereal Street XXXXXXX Balt NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Stanley CWALINA Gromacka Lenora 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO PR-UNKNOWN) HEYES, GIVE WAR OR DATES Mrs. Ida E. Hartley Burnie, Md 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: arcinoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 8/20/81 OBSTRUCTINE TAUNDIC E NOM 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 'n CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.1. WHILE | NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from_ 19 81 , and that in (my) four opinion death occurred on the date and hour and from the causes stated sow the deceased alive an obove, (1) (we idid) I did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b S. HANDUER 3001 HARTIN 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPEC Burial BP. Cross Cem 25. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Home DHMH-16 30M 2/80 200 Pennington Ave, Balto., Md (VRA 15, 4)



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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE HE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18 GUYE PAGES 1, ENDINE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 (AND): AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH A PROBLEM OF WEIGHT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH A PROBLEM OF WEIGHT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH A PROBLEM	TO MEDICAL EXAMINER: THIS CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. JF ANY DEATH PRESENTED FOR A STATE DEATH. JF ANY DEATH PROBLEM STATE DEATH. JF ANY DEATH PROBLEM STATE DEATH. JF AND 2 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN, HOURS TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I AND 2 SHOULD PRITE HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WITH ECORD. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WITH ECORD. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WITH ECORD. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WITH ECORD. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WITH ECORD. AFTER DEATH, WITH THE STATE DEATH AND MENTAL HYGIENE. DIVISION OF WITH ECORD. AFTER DEATH. MITH THE STATE DEATH. CREMATION, OR REMOVAL. DIVISION OF MITH FORM THE DEATH AND MEDICAL CERTIFICATION.	MILL ONE PRENT) 3. SEX 4. RACE Male White Mither Exemples Carries Male Mither Certificate State or Execute The Corright Control Male Mithere Certificate State or Execute The Certific Molinary Male Mithere Certificate Male Mithere Male Mithere Male Mithere Male Mithere Male Male Mithere Male Mithere Male Mithere Male The Carry of the property of t	The Converge Course of the Restitution of State of Birther Course (1) the Course of the Restitution of	DEPARTMENT OF HEALTH REGISTRAR REGISTRAR I. DECEASED NAME II. DECEASED NAME II. DECEASED NAME WILL III. MARKED OF BIRTH MADINE MALE J. SEX 4. RACE White TO BEPARTMENT OF HEALTH AND MEN'S REGISTRAR STATE REGISTRAR REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGISEN MEDICAL EXAMINER'S CERTIFICATE OF DEA MACHINER'S DEALER OF BIRTH MACHINER'S PARKET DEALER OF BIRTH MACHINER'S BIRTH AND MENTAL HYGISEN MALE White July 21, 960 21 Yes Dealer Service Dealer Dealer Dealer Service Dealer	1 - FOR STATE REGISTER REGISTER MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTER REGISTER REGISTER REGISTER MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTER REGISTER MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTER REGISTER	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO MILL OF STATES MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO MILL OF STATES MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DEATH MARIED DATE D	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MARKED OF PROPERTIES DATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH M		





FOR

George J.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

MONTH

YEAR

- STATE REGISTRAR . DECEASED NAME (TYPE OR PRINT)

3 SEX

HARLES

& AGE LIN YEARS LAST BIRTHDAY!

2g. DATE OF DEATH

IF UNDER I YEAR

Project engineer Westinghouse

IF UNDER 24 HRS

2b HOUR

Male TO BIRTHPLACE I STATE OF FOREIGN corPenna.

76 CITIZEN OF WHAT COUNTRY U.S.A.

White

NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

June 6, 1925

Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE

9 BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY

10. CITY OR TOWN OF DEATH Baltimore

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AJSUAL RESIDENCE (IF NURSING HOL

Howard

St Agnes Hospital CON CITIER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Ellicott City

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

134714 Middle Court 21043

4 FATHER'S NAME

Maryland

late Charles F Parker

166 SOCIAL SECURITY NO

17 INFORMANT

late Bertha Mc Clelland ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

IMMEDIATE CAUSE (o

204 16 5178

Mrs Mary Parker 4717 MIddle Ct. 21043

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.

PART I. DEATH WAS CAUSED BY

rehosis

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

CERTIFICATION

MEDICAL

8

MPORTANT:

216 TIME OF INJURY HOUR A.M. MONTH

DAY YEAR 10 PM

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YES -NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE AT WORK 22a L certify that (1) (this hospital) attended the deceased from_

obove, (1) (we) (did) (did not) view the body ofter death

21f. LOCATION

ATTENDING

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

CITY OF TOWN

22d. PHYSICIAN'S NAME (TYPE OR PRINT

sow the deceased alive on.

DEGREE

22e. ADDRESS

23g. BURIAL, CREMATION, REMOVAL Burial

236. DATE Aug 22, 1981

23c. NAME OF CEMETERY OR CREMATORY Meadowridge

23d LOCATION CITY OR TOWN

20a AUTOPSY?

NOF

Howard, Maryland 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH- 16 30M 2/80 (VRA 15, 4)

0

24 FUNERAL DIRECTOR

226 SIGNATURE

Harry H Witzke 4112 Columbia Rd Mlltcott City

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

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Test 1 William 1 Con 15 St. of the Design Terminal Action of St. St. St.

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HOVER'S SHIME

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE A SHELL HAVE BEEN ASSESSED. Manager shear to the street of

DHMH - 16 50M 1/81 (VRA 15, 4)

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THE	OF	He				BARAIT	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CEKITE	ICAIE OF DEATH	REG. N	10.	4	
	ECEASED NAME FIRST	4	MIDDLE		TZA	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
100	VIRGI	VIa		P	a tterson		8 -	26-81	1:15 AM
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	FEMALE	NE	EGRO	MONTH	- 12 - 32	48	YRS	MONTHS DATS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY		Y OF DEATH	
	VA.		S.A.	WIDOWE			B	eltimox	& City MD.
10 C	Baltimone	11. NAME OF HENOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET,	ADDRESS)	HOSO.	Omestic		12b. KIND C INDUSTRY	OF BURDIESS OR
13a.	STATE IT OUN	OTHER INSTITUTION TY	13t. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	adou	Rd	
IL F.		AIDDLE	D 1451 1		15. MOTHER'S MAIDEN NAM	WE		LA:	
1	orter	-50 50 505550		LSon	ANU	400		Wea	Jek
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR			D.1
	NO I		228 42	1189	Elizabeth	Frasino	184 1		
	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSE	y ane cause per	line far (a), (b), one	dic	1	1		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	IMMEDIAT		Cardio Re	spino	etory Anna	n4		79	
	4273	DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if any, which	(b)							
	gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCEOF					
	underlying cause last.	(c)	N AO A COMBEGOE						
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GI	VEN IN PART 1	a
ON N	Service Control of Control								
CERTIFICATION	190. DATE OF OPERATION	195 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
E		138				YES T NOT		IFYING CAUSES ES 🏻	OF DEATH?
E E	210 ACCIDENT WAS UNDERLYING	216 TIME O			216 HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18	PART I OR PART 2)	
4	OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	Tree and the				
MEDICAL	21d INJURY OCCURRED	21e PLACE		19	21f LOCATION				
ME	WHILE NOT WHILE	TAT HOME STE	EET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR I	NWC	COUNTY	STATE
	220 1 certify that (I) (this haspit	attanded th	a deceased from	8 -	1-81 10	10 8-26		91	
	saw the deceased alive an above, (1) (we) (did) (did not	8-21	19	01	nd that in (my) (aur) opinion o	, ,0			that (1) (we) ast
	22b. SIGNATURE	wew me bady	orier death.	- (DEGREE			22c. DATE	SIGNED
	Course				ATTENDING PHYSICIAN	MEDICAL STA	CIAN M	8-	26-81
1	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)			22e ADDRESS				^
	Omar. E. W	ender	an		South B.	oltimore	9au	eral H	ospital
	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	1	COUNTY	CAR
	Burial	8/29	,		Hill Cemete	ry Brook	Lyn	A.A.	Md.
24. F	UNERAL DIRECTOR Balto	. Md.	21225 01 Ritch	ANIA R	25a. DATE	REC'D. BY REGISTRA		TARSSIGNA	Apr 1
	George J. Gor	ce 400	01 Ritch	nie H	igwy cer	2 1981	Burca	, land	lauren

Part to the terminal state of the concern across

Ruck Towson Funeral Home, Inc. Towson, Maryland

FOR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) 13e. STREET ADDRESS 824 Jamison Road Siefred Betty E. Pause 824 Jamison Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) STATE COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the course stated 77L DATE SJONED DIRECTOR PHYSICIAN Maryland Baltimore Burial 8-6-1981 Lorraine Park

ADDRESS 1050 York Road

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

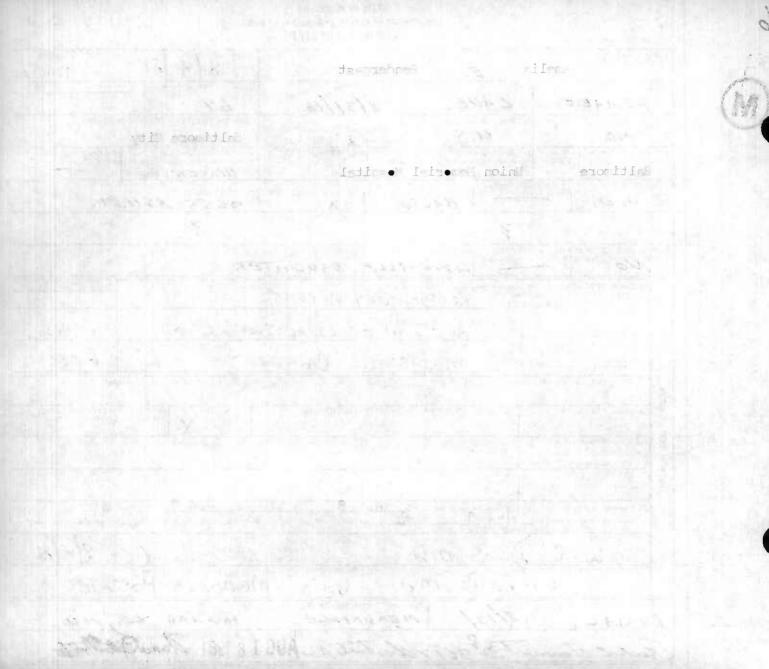
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

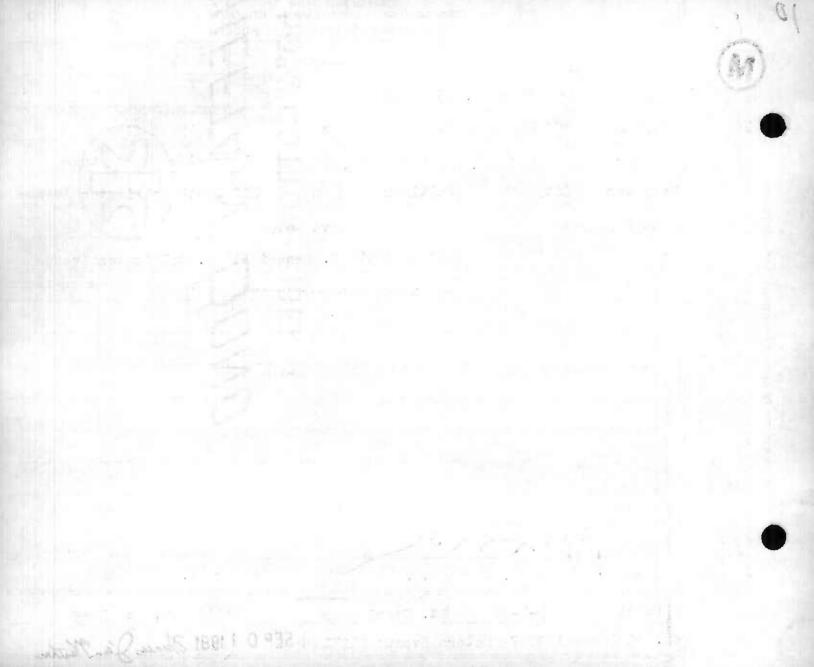
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Saze Juni Juni 3263 TO SECOND ANYONE DESIGNATION AND STORE AND SECOND DECK

	1.	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	0 9 2 5
4 4		CEASED NAME FIRST OR PRINT) Amel:	ia E.	Pendergast	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 12:43
M)	3. SE	FEMALE	CAUC.	5. DATE OF BIRTH MONTH B B B B B B B B B B B B B	6. AGE (IN YEARS LAST BIRTHDAY) 6 4 YRS	IF UNDER 1 YEAR IF UNDER 24 I
1 3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Baltimore City	
by the full filled within	10. C	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Union Memoria:		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEMENT FE	12b. KIND OF BUSINESS INDUSTRY
24 hou filled in ould be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEI JNTY 13c. CITY OR TO BAL	DWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS ASP	457,
d within pletely and 2 sh	14 FA	ATHER'S NAME FIRST	MIDDLE? LAST	15. MOTHER'S MAIDEN N	AME	LAST
be executed v ion ond compl rs. Poges 1 ond re medicol executed	16a. V	VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRESS	
requires that the death certions is signed by the attending in Then please remove carbon or re injury, or other traumatic ever injury, or other traumatic ever	ION	# 15 miles	DUE TO, OR AS A CONSE (c) METO	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	
The low recion. e hos been sit permit. The prior hows ony is	CERTIFICATION	19a, DATE OF OPERATION		ICH OPERATION WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO
JING PHYSICIAN, The or ottending physicion or ottending physicion be os the buriol-tronsit loith and Mentol Hygies morked or Item 18 sho	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	(PART OR PART 2)
OR ATTEN(he hospitol DIRECTOR: toched for us Dept. of Her		22a.1 certify that (I) (this has	pital) offended the deceased from AVG. The pital offended the decea	DEGREE ATTENDING PHYSICIAN	, to AUG 9 n deoth occurred on the dote ond ho MEDICAL STAFF DIRECTOR PHYSICIAN	pur and from the couses state 22c. DATE SIGNED
HOSI FUN Suld b		22d. PHYSICIAN'S NAME (TYPE	DAVIS, m	D Press Union	MEMORIAL HE	SPITAL
₽₩ ₽₩ \$ 3		BURIAL, CREMATION, REMOVA	AL 23b. DATE 2	31. NAME OF CEMETERY OR CREMATORY MEADRIPLE	23d. LOCATION CITY OR TOWN HOW ARD	COUNTY MO, STA
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	ADDRES		ATE REC'D. BY REGISTRANDA. REGIS	SIC STURE



18	1-	FOR STATE			DEPARTMENT OF	HEALT	MARYLAND H AND MENTAL I			2 0	9 2	6
		REGISTRAR		WEI	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. N	0.		
0		CEASED NAME	FIRST		MIDDLE		LAST	20. DA	TE KNOWN D	HINOM	DAY YEA	R 26. HOUR
(NA)	(11)	E OR PRINT)	ANNA				PENSK I	DEA	TH MATED	3 8	28 19 8	31
(MANA)	3 SEX	4 RA		5. DATE OF BIRTH	6. AGE (IN	YEARS IF U	NDER TYR. IF UNDER		ATE	HINOM	DAY YE	14/
NO STATE		emale		June 14,		YRS. MON	THS DAYS HOURS	DI	DUNCED EAD	8	28 19 8	
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E. MD. 21201 MTH. IF ANY DEL S 1, 2, AND 3 TO PM 3. RETAIN F VITAL RECORDS	USU. I3a. S Ma.	TATE TYLAND	13 COUNT	OTHER INNTITUTION, GI	RESIDENCE BEFORE ADMIS 13 CHY OR TOWN BALLIMOT		13d. INSIDE CITY LIMITS?	STREET AD	oress Col	ling	ton Av	enue
A 1232 T		Seph Pod	raza	MIDDLE	LAST		15. MOTHER'S MAID FIRST EVA KOTON	ENNAME	WIDDIE		LAST	
IMORI PAGE SS 1 AN	16a. V	VAS DECEASED EVE	R IN U.S. ARM		166. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS	S		
MALT SINE SINE TH F	no	ES, NO, OR UNKNOWN)	I #F YES, GIVE W		212 24 8	007	E. Pensk:	i 111 s.	. Colli	ngto		
A 1B. OURS		18 CAUSE OF DEA PART I DEATH	WAS CAUSED	BY:	for (a), (b), and (c).) Arteriosci	orot	ic cardiova	ascular o	dispase			ATE INTERVAL
PRESTON ST THIN 24 HOU CIL IN ITEM 11 HER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.		429	IMMEDIATI	DUE TO, OR	AS A CONSEQUENCE		ic cal diove	iscutai (1136436			
FER A		Canditians, if		40								
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. F MEDICAL EXAMINER ALONG WED AS A BURIAL TRANSIT PERMIT HEALTH AND MENTAL HYGIENE. D AL, CREMATION, OR REMOVAL.		gave rise to couse (a) statu lying cause las	ng the under-	DUE TO, OR	AS A CONSEQUENCE	OF	A THEY	1				
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DIVISION HIS GRIFFIC WRITING TH VARDED TO AGE 3 SANOU AT EPPANOU 21201 PRIOR	MEDICAL	214 INJURY OCCU WHILE NO AT WORK AT	RRED	21e PLACE C	OF INJURY (AT HOME, FORY, FARM, ETC.)	21f. LC	OCATION STREET	CITY O	RIOWN	COL	UNIY	STATE
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI		death resulted fro	are married	. FV	cribed obave, held an	Autop	Homicide	Undetermined	monner .	nd in my op	8_29	2_01
WEDICAL CUTE THE SE 4 SHO FUNERA TIMORE,	0	EXAMINER'S NAM	An	n M. Dix	on, M.D.	1		nt medicale 11 Penn :		SIGNE	00	<u> </u>
Olokab Page A	23e.B	URIAL, CREMATION,		-1-81	23c. NAME OF C		ลแร	23d. LOCATIO	imore,	Cour	land	STATE
DHMH-17 (VR AT5 ME (5))	24 F Wm	NATIALKOV			ern Avenu		250_DATE	REC'D. BY REGIS	IKAK 1230 KEG	ISTRAR;\$ S	IGNATURE TO THE	4.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 1981 Perlie August 28, Inez V. IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 30 50 Black Female **BALTIMORE CITY OR COUNTY OF DEATH** TR. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Union Memorial Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13m STREET ADDRESS. Coldspring Lane 13R STATE 136 COUNTY 134 INSIDE CITY LIMITS? Baltimore IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Alexander LAST MIDDLE Mable Rose ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ellwood Perlie 1607 E. Coldspring Lane 214-26-0284 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? M CERTIFYING CAUSES OF DEATH? NO YES T NO [21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21R PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a | certify that (1) Whis hospital) attended the deceased from , and that in (my) (a)(r) opinion death accurred on the date and hour and from the causes stated sow the deceased alive an_ above, (1) [wel-id-d] (did not) view the body after death. DEGREE 22c. DATE SIGNED 22h. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE ORPRINT) 22m ADDRESS NAHUM 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECKY) Burial 9/1/81 Arbutus Mem. Pk, MD Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S DHMH-16 25M Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4) \$179#

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12	OR FILES 2 HOUR 2 STREET	3. SEX	4.	RACE	5. DATE OF BIRTH		AGE (IN YEARS IF U	DER 1 YR. IF	UNDER 24 HRS.	2c. DATE		HINOM	DAY		2d. HOUR
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BALTIMORE,	WITH FAGES 1, X WITH PAGES 1 AND 2; E, DIVISION OF VITA	16a. V	VAS DECEASED E	VER IN U.S. AF	MED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMAL	Mrs. R	ita	ADDRESS	Mead	de (1)	Veice	2)
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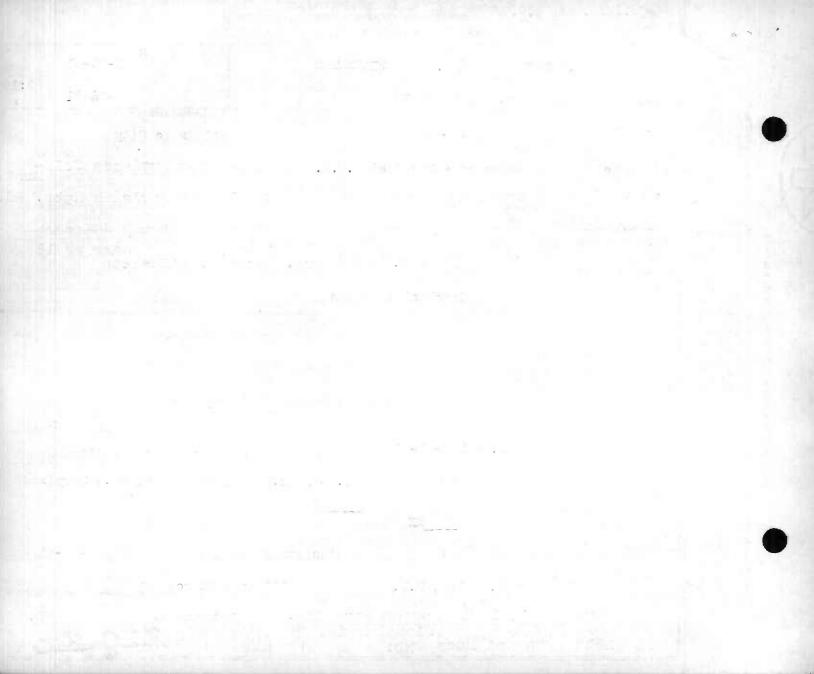
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	S CONT	RIBUTING CAUSE OF	DEATH P.M.	DF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC	ATION REET	СП	OR TOWN	CC	PYTHUD	STATE
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DHMH - 17 (VR A15 ME (5))	J.G		LLY ADDRESS	300 M	ACE		San Par	130	Tianel	Granda	26-

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HIN 72 HOURS		EASED NAME FIRST OR PRINT)	SEPH	Milton	PILKER	TON	20. DATE KNO OF ES DEATH MA	STI- C	8-24-81	2b HOUI
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	Bal	Y OR TOWN OF DEATH timore	Un:	AE OF HOSPITAL, NURSING HO OT IN SUCH FACILITY, GIVE STREET ADDRES IVERSITY HOSPIT	al S.T		12a USUAL OCCUPATI FOR MOST OF WORKING Radiator	LIFE)	OR INDUS	F-
3	3a. ST	ATE Day CO	DUNTY	stitution, give residence before admi undel Severna		13d. INSIDE CITY LIMITS? YES NO 1	13e. STREET ADDRESS 51 West	Earle	igh Hgt	Empl s. Ro
1	4. FA	THER'S NAME William Kenneth	Kenn			15. MOTHER'S MAIDE Virgi	MIDDLE	abeth	Hiskey Hissk	ey-
2	6a. W (YE	AS DECEASED EVER IN U.S. 5, NO, OR UNKNOWN) (1F YES, C	ARMED FOR GIVE WAR OR DA				ife) ^ tty A. Pi	DDRESS S	ame as on	13
13 512 2	7	Canditions, if any, wh gave rise to immedicouse (a) stating the unclying cause last. PART 2 OTHER SIGNIFICANT CONDITI	hich liote der-	UE TO, OR AS A CONSEQUENCE (b) UE TO, OR AS A CONSEQUENCE (c) NG TO DEATH BUT NOT RELATED TO THE TO	E OF	OR CONDITION GIVEN IN PAR	T 1 (a).			
7	IFICATIO	190. DATE OF OPERATION	11	B). CONDITION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPS	Y? NO 🗆
3	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH	15. TIME OF INJURY 3.024M 81123481 P.M.	AR da	iver of tr	cuck/fixed		OR PART 2)	
1	MEDI	214. INJURY OCCURRED WHILE AT WORK AT WORK		le PLACE OF INJURY (AT HOME, STREET FACTORY, FARM, ETC.) highway	Rts.		O ANTE AT	undel C	δ ^{ουΝτΥ} Mary	Landate
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MIDDLE

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DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

DECEASED NAME

Baltimore City 126 KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Secretary Insurance 13e. STREET ADDRESS 6659 Walnut Wood Circle Gertrude Fitzgerald Same APPROXIMATE INTERVAL Months Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE to August , and that in (My) (our) apinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED 8/15/81 PHYSICIAN DIRECTOR PHYSICIA c/o Maryland General Hospital COUNTY STATE Removal*Burial 8-16-81 Evergreen Roanoke Va ADDRESS 4905 York Rd 250. DATE REC'D BY REGISTRAR 250 EGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co., Balto., Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

981

26 HOUR

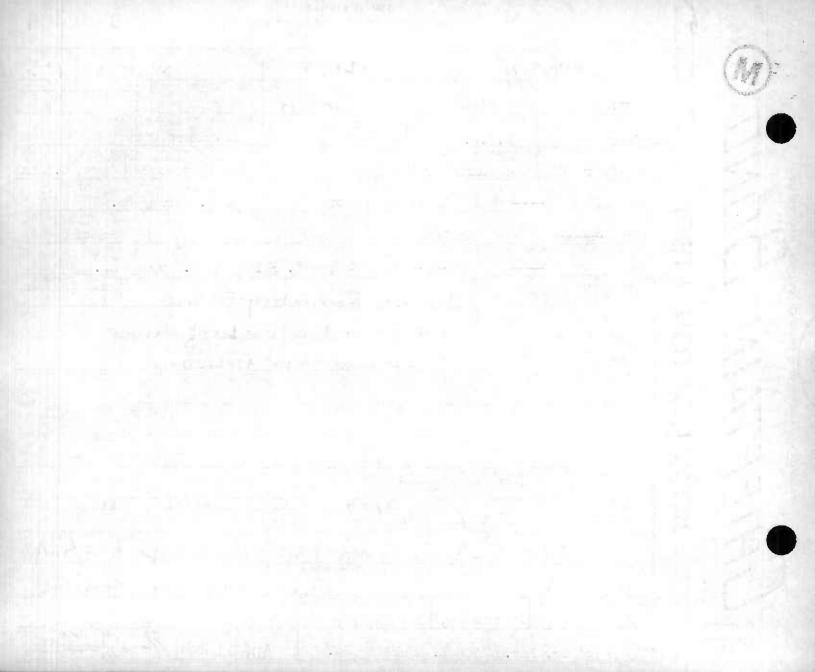
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20. DATE OF DEATH

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5	M	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	20 9 3 3
a (1	M)	1. DEC	CEASED NAME FIRST EDWAY	RD J. PL	EWACKI	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ge 4 may	rs of	3. SE	M	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
leoth. Por	22 hou	100	RTHPLACE ISTATE OR FOREIGN UNTRY) ARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED (WIDOWED DIVORCED (BALTIMORE CITY OR COU	0
on softer d	iled with	10 CI	BALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET 2526 MCF	ADDRESS) LDERRY ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR INDUSTRY
Z 0 =	pool 55	13a. S	LESIDENCE (IF NURSING HOME OF TATE 136 COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c, CITY OR TOW	/N 13d. INSIDE CITY LIMITS		LDERRY ST.
MARYLA ted within	and 2 sh	14. FA	THER'S NAME FIRST JOSEPH	MIDDLE PLEWACKI	15. MÖTHER'S MAIDEN I	MIDDI	WALEWSKI
IMORE,	Pages I				JRITY NO. 17 INFORMANT	ADDRESS	526 Mc Eldery St
W. PRESTON ST., BAL. of the death certificate by the attending physicia	sse remave carbon paper, , crematian, ar remaval. ather traumatic event, thu			DUE TO, OR AS A CONSEOU	ENCE OF	unce	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
DIVISION OF VITAL RECORDS, 2011 NG PHYSICIAN: The low requires the other offen physicion.	rmit. Then plec prior to burial any injury, ar	CERTIFICATION			DEATH BUT NOT RELATED TO THE TE	280 AUTOPSY? 286. IF	FYES, WERE FINDINGS USED RITHFYING CAUSES OF DEATH?
OF VITAL R SICIAN: The page physicion.	I-tronsit pe ol Hygiene n 18 shews		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	VES NO NO URRED (ENTER NATURE OF INJURY IN ITEM	YES NO NATE OF PART 2)
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Spital or	of Health		22a.1 certify that (1) (this hospi	ital) attended the deceased from		on death accurred on the dote and	hour and from the causes stated
TAL OR A	State Dept ANT: If Item		22b. SIGNATURE	Whome m'		MEDICAL STAFF DIRECTOR PHYSICIAN	8 20 W
O HOSPITAL etained by th	should be de with the Stat		THE MISICIAN'S NAME (TYPE O	MINLOVE		ch raver B	LYD.
170 FBP_		(SPECIFY) SURIAL	23b. DATE 23c. C	NAME OF CEMETERY OR CREMATOR	· BALTO. 1-	COUNTY STATE
DHMH - 16 50 (VR A 15		10	UNERAL DIRECTOR	0 - 2334 ADDRESS	elleran St. A	UG 3 1 1981	GISTRAR'S SIGNATURE

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injury, or ather traumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shaws any

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYL EALTH AND CATE OF	MENTAL HY	GIENE 8	REG. NO	2	0 9	3 5
I. DECEASED NAME FIRS		E.	PO:	LK		2a DATE OF			3 SI	26, HOUR
3. SEX FEMALE	4 RACE WHITE		5. DATE O	F BIRTH	1893	6 AGE (INYE	ARS LAST BIRT	HOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIED WIDOWEL		MARRIED D	9. BALTIMOI	1.11		OF DEATH	MD
BALT IMORE		OSPITAL, NURSING	G HOME O		TITUTION		CCUPATION	N NORKING LIFE	126 KIND OF	BUSINESS OR
USUAL RESIDENCE (IF NU SING HO 130. STATE 136. (ISO MARYLAND)	ME OR OTHER INSTITUTION	BALTIMOR	1	13d. INSIDE O	EITY LIMITS? NO S MAIDEN NA			POLIS	ROAD,	21230
HARRY	MIDDLE	SAYL		EV			WIDDLE		CONNER	S
60 WAS DECEASED EVER IN U.: (YES NOOR UNKNOWN) (IF Y)	S. ARMED FORCES? ES. GIVE WAR OR DATES)	212-07-		DIANA	HYNES	10 NOI	ADDRE.		IRCLE.	21227
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	scleratic	Cardio	الإلاد	dar 1	Disease					
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OR CONTRIBUTING CAUSE (OF EITHER NOTIFY MEDICAL EXA	MINER) HOUR A.M	A. MONTH DA A.	Y YEAR		NJURY OCCUR	RED (ENTERNAT	URE OF INJUR	Y IN ITEM 18 PA	RT (OR PART 2)	
WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	F INJURY E1, FACTORY, OFFICE, FA	RM, ETC)	21L LOCATE STREE			CITY OR TOV	VN	COUNTY	STATE
22a I certify that (I) (this sow the deceased also above, (I) (we) (did) (d	e on	19	, one	d that in (my	, 19	deoth occurred	d on the do		9, to ond from the c	not (I) (we) lost ouses stated
22b. SIGNATU	Target	M	0	EGREE	ATTENDING	MEDICAL	STAF	F	220 DATES	IGNED

230 BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY LOUDON PARK

22e ADDRESS

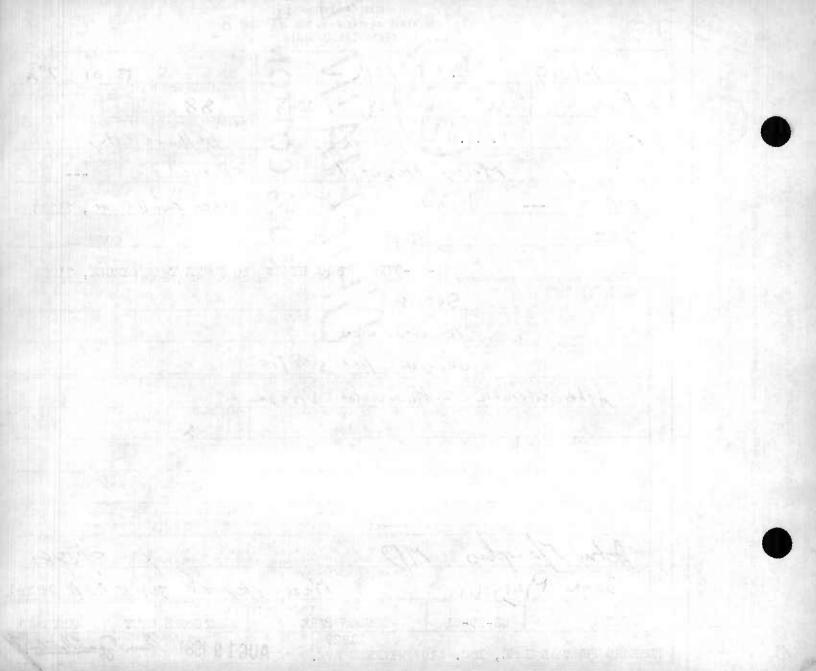
23d. LOCATION
CITYORTOWN
BALTIMORE CITY

MARYLAND

22d / YSICIAN'S NAME LTYPE OR PR

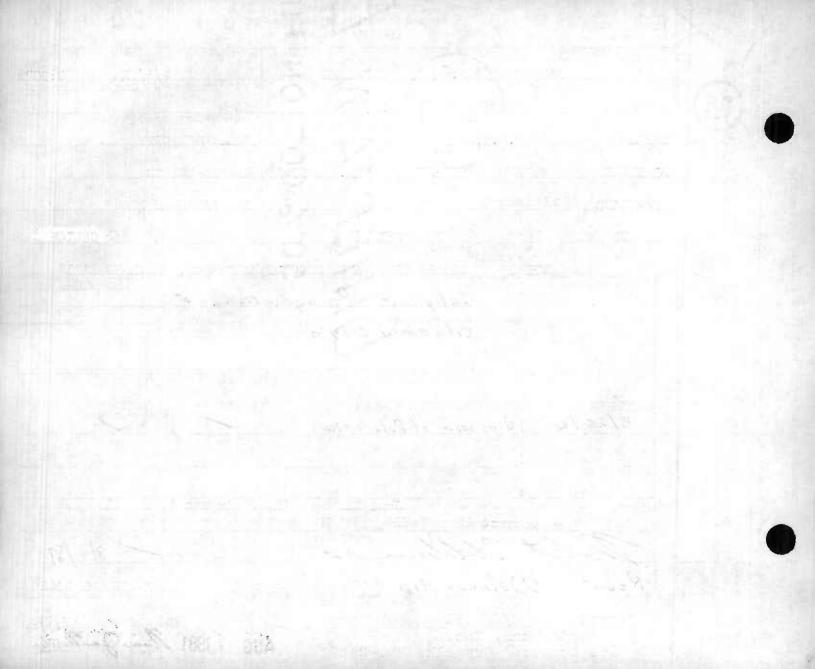
PARTICIPATION ADDRESS WILKENS AVE.

08-19-81

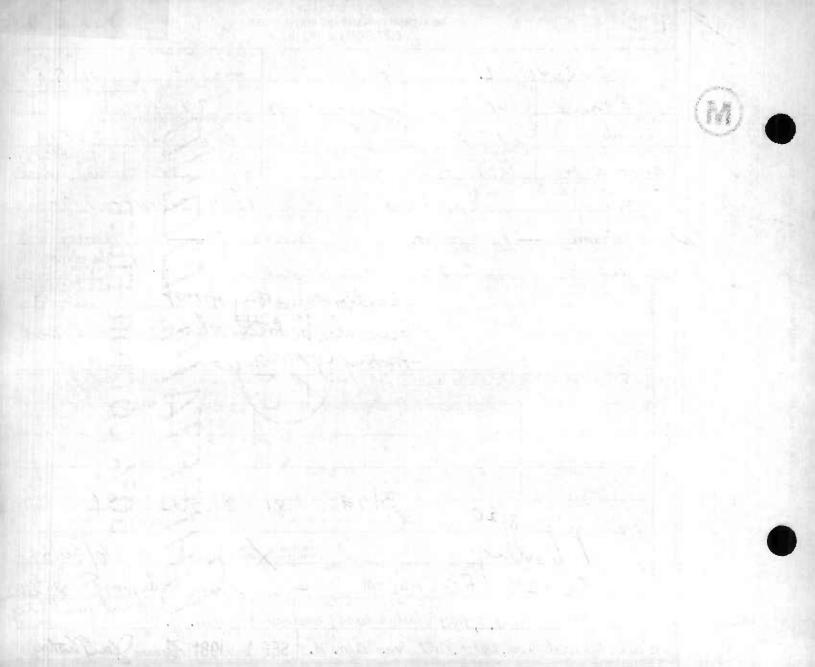


10	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2	0 9	3 6
· ·		CEASED NAME FIRST		WIDDLE	t.	AS1	2a. DATE OF DEATH		Y YEAR	26 HOUR
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Ter o	3. SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY'	UNDER I YEAR	H UNDER 74 HRS
- ge	1	Male	Caucas	sian	Augu:	st 28, 1950	30	YRS	JAN	MIN.
2 3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
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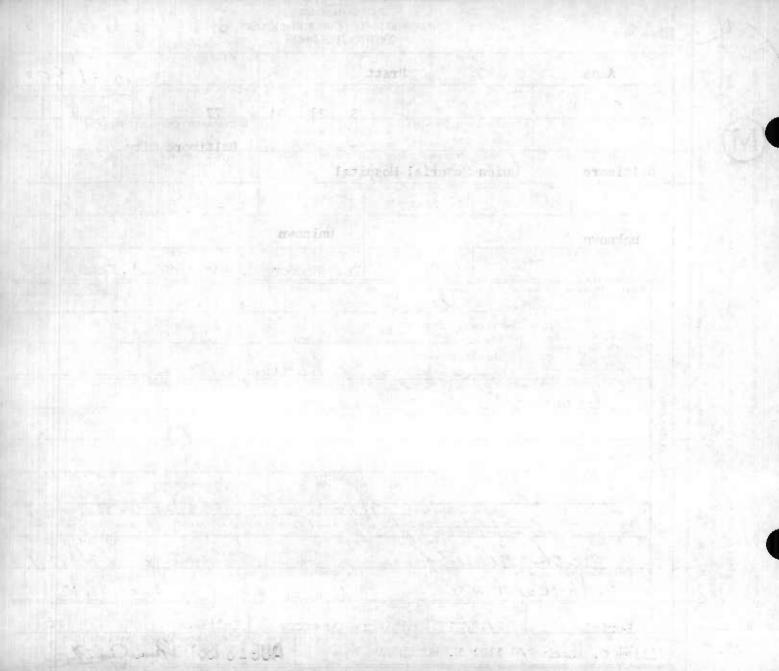
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(VRA 15, 4)



x4,	FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 1	2 0	9 3 9
/	1 DECEASED NAME (TYPE OF PRINT)	FIRST MID	DOLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
4 63 /	Anna	D.	P	ratt		8 14	8/ 5:00 PM
	3 SEX female	4. RACE black		DATE OF BIRTH MONTH DAY YEAR 5 21	6 AGE (IN YEARS LAST)	BIRTHDAY) IF UNDE	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
M 35	BIRTHPLACE (STATE OR F	OREIGN 7b. CITIZEN OF WI		MARRIED NEVER MARRIED NEW ED DIVORCED	Baltimo		ATH MD.
. 14	Baltimore		SPITAL, NURSING ACHITY, GIVE STREET AD COMOTIAL	HOME OR OTHER INSTITUTION PRESS) Hospital	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	TION 12b.	KIND OF BUSINESS OR DUSTRY
filled in ould be	130. STATE	ING HOME OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE AD BLELMORE	MISSION) 13d. INSIDE CITY LIMIT: YES NO		George Av	<i>'</i> e
MARYL ed within mpletely ond 2 sh	14 FATHER'S NAME FIRST unknown	MIDDLE	LAST	15 MOTHER'S MAIDEN unknown	NAME	ABL	LAST
RE,	160. WAS DECEASED EVER		6b. SOCIAL SECURI	TY NO. 17 INFORMANT	ADD	RESS	
IMORE, n and con Pages of medical	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	N/A	Fr. Theodo	re S. Rowan 4	408 St. G	eorge Ave
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21100 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherding physician. Wher this certificate has been signed by the attending physician and completely filled in a st the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fit than and Mental Hygiene prior to buriol, cremotion, or removal. A Noted or them 18 shows any injury, or ather traumatic event, the medical examiner must be more than 18 shows any injury, or ather traumatic event, the medical examiner must be more than 18 shows and injury.	Conditions, if ony, gove rise to imm cause (a), stotin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT	which hediote g the lost. (c) JUE TO, OR A lost. (c) JIFICANT CONDITIONS CON 19b. CONDITION	bleset ON FOR WHICH O	CE OF ATH BUT NOT RELATED TO THE CLUB LOS DERRATION WAS PERFORMED	TERMINAL DISEASE OR CO	20b. IF YES, WERI IN CERTIFYING (YES []	E FINDINGS USED CAUSES OF DEATH? NO [12]
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IMper short	23a BURIAL, CREMATION,	REMOVAL 23b. DATE	23c. NA	ME OF CEMETERY OR CREMATO	ORY 23d. LOCATION	COUN	TY STATE
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DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR William C. M	arch F/H 1101	E. North		AUG1 8 1981	Reserve O	SIGNATURE



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14	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	4		
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be 3		PAUL		PRATT SR.	8 4 1981	6 8		
	3. SE	X	4. RACE	S. DATE OF BIRTH 3/10/30	62AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24		
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Page e ex	1	YES, NO OR UNKNOWN) (IF YES, GI	AILABLE 217-22-8	535 ANGELA M. PR	ATT 418 S. ANN STREET, 2	21231		
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R ATTENDIN hospital or a RECTOR: Aft sed for use or ept. of Health tem 21 is mor			ital) attended the deceased from	AUG. 3 , 19 81 , and that in (my) (our) opinion DEGREE	deoth occurred on the date and hour and from the c			
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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AND 21	13a. S	Md 136 COU		or town	13d. INSIDE CITY LIMITS YES NO 🗌	1400 M	cust Stro	et
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		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ANICE CHENICE OF	1,	To Carry -C	arma	
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OR ree	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206 IF YES, WERE FI	NDINGS LISED
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OR he he bother DIRE		22b. SIGNATURE	A. de.	7	DEGREE ATTENDING	G _ MEDICAL _ STA		DATE SIGNED
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O HOSPITAL efound by the TO FUNERAL should be deterwish the Store		22d. PHYSICIAN'S NAME (TYPE C			22e. ADDRESS		0	CL
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2505BP	23a. B	Burial, CREMATION, REMOVAL	8/19/1981		ven Mem. Pk.	CHYORTOWN	COUNTY	C STATE
2	24. Ft	JNERAL DIRECTOR		-		DATE REC'D. BY REGISTRA		NATURE
DHMH - 16 50M 1/76 (VR A 15 (4))		Sulli Funanal	Home 4200 P	gress Md.,	21220	AUC 1 o 1001	2 0	Or .

Manager Committee of the Committee of th Salah Man. . The contract of the contract with the flavor dear the second of the secon TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel. What in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 straudd by the funeral with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	20 9 4.5
	CEASED NAME FIRST OR PRINT)	FT ELL	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	JERO	ME :	THOMAS		PULLER	8	31 81 8:30 A
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	Male	White		Dece	mber 15,1919	61. _{YI}	RS.
	OUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
	ryland	U.S.		WIDOWE		BALTO. CIT	Y
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13a ST	TATE 136. COU	R OTHER INSTITUTION NTY	130 CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 2702 Huntine	gton Avenue
14. FAT	THER'S NAME FIRST Edward	Pul]	Ler LAST		15 MOTHER'S MAIDEN NAME FIRST Mary	Cannonball	LAST
	AS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	12 C. 13 11 11 11 11 11 11 11 11 11 11 11 11
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NO	PART 2 OTHER SIGNIFICANT E+OH Abu 190. DATE OF OPERATION	se			NOT RELATED TO THE TERM		F YES, WERE FINDINGS USED
픮						YES NOW IN CE	RTIFYING CAUSES OF DEATH?
	2)a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
g Ba	22a I certify that (I) (this hasp	0/7	019		28 81 , 19 and that in (my) (aur) apinion of	death occurred on the date and	, 19, that (I) (we)
	saw the deceased olive at above, (I) (we) (did) (did no 22b. SIGNATURE		ofter death.		DEGREE		224. DATE SIGNED
	above, (I) (we) (did) (did no	y. Ch			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED

BP. DHMH-16 30M 2/80 (VRA 15, 4)

etained by the hospital or attending physician.

Burial
24 FUNERAL DIRECTOR
Burgee Funeral Home

3631 Falls Road 21211 SEP 2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWNXT (TYPE OR PRINT) ESTI-Cynthia Purnel1 Mae DEATH MATED 8 24 10 81 SEX 4. RACE 5. DATE OF BIRTH AGE LIN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAD LAST BIRTHDAY PRONOUNCED female. black. 24 , 81 10:45 1948 33 14 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH pm MARRIED THEVER MARRIED FOREIGN COUNTRY) Baltimore City Md USA WIDOWED DIVORCED B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Provident Hospital Baltimore RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 4019 Fairfax Road NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Fred Mahelle Fields Johnson 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS DIVISION Mr. Earl Purnell 4019 Fairfax Road 217-16-1219 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute Para ceca1 pyogenic abscess IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) chronic renal failure 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL. YES K NO 🗌 ARDED TO THE CHART SHOULD BE U 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: INIS CENTRE SECURE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted fram Natural causes V Accident Suicide Hamicide ___ Undetermined manner Assistant 8/25/81 DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 8/31/81 Md Veteran Cemetery Crownsville Md 24. FUNERAL DIRECTOR **DHMH-17** William C. March F/H 1101 E. North Avenue VR A15 ME (5) 15M 2/80

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Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md.

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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

STATE

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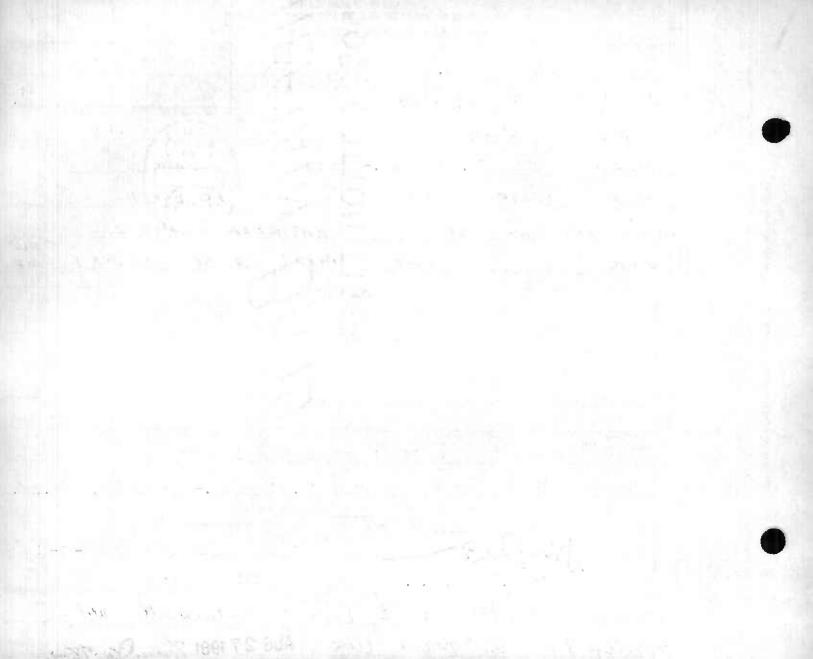
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4	FOR STATE REGISTRAR				DICAL	STA MENT OF EXAMIN	HEALTH		NTAL H	YGIENE F DEA	ru i	2 EG. NO.	0 9	5	1
43	DECEASED NA (TYPE OR PRINT)	S	TANLEY		T.	I.	RANDA	IL		2	OF EST DEATH MAT	-	8-16-8		26 HOUR
ON STA	male	black	6 6	. 3	YEAR 08	6. AGE (IN YE. LAST BIRTHD: 73 Y	MONTH		HOURS		C DATE RONOUNCED DEAD		8- 16- 8		2011 DM
PRESS PRESS	FOREIGN COUNTE	ď	1	USA			WIDOW		DIVORCI	ED L	BALTIMORE (Baltimor	_	county of t	DEATH	MD.
3 (141)00	Baltimo	re	14.	19 Mai	ison	Avenu	9	ER INSTITUT	ION		AL OCCUPATIO DST OF WORKING LI		WORK 12b. KII	ND OF BUS R INDUSTR'	SINESS Y
A SHOP A	SUAL RESIDENCE In STATE	CE (IF IN NURSING H	OME OR OTHER H	NSTITUTION, GIV	13c. CIT	OR TOWN		13d. INSIDE (II YES 🏡	NO [13e. STRE 1419	Madiso	n Ave	enue		
OWS AFIEK DEATH. IF WITH FORM PM 3. IT. PAGES 1 AND 2 SH DIVISION OF VITAL P	FATHER'S NA	ME	MIDDLE			LAST		15. MOTHEI	R'S MAIDE	NAME	MIDDLE			LAST	
VISION	d, WAS DECEA (YES, NO, OR UNK NO	SED EVER IN U.S NOWN) (IF YES,	ARMED FOR			-03-55		17. INFORM Regir		ndall	315 W.	Fran	nklin S	St	
HOULD BE EXECUTED WITHIN 24 HOUR RD "PENDING" IN PENCIL IN ITEM 18. HIFF MEDICAL EXAMINER ALONG W USED AS A BURIAL- TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL.	gave cause lying o	rise, it any, w rise to immed (a) stating the un ause lost.	chich diate nder-	(b) OUE TO, OR	AS A CO	NSEQUENCE (NSEQUENCE (OF .	OR CONDITION	GIVEN IN PAI	RT 1 (a).					
THE CHIEF ME UID BE USED AN MENT OF HEAD TO BURIAL, OF	19a DATE	OF OPERATION		19b CONDIT	ION FOR	WHICH OPER	ATION W.	AS PERFORM	MED?					AUTOPSY?	NO XXX
25 E		NAL CAUSE WAI NG OR ITING CAUSE	[1b. TIME OF HOUR A.M P.M	. MONTH	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D LENTER N.	NTURE OF INJURY IN	ITEM 18 PART	I OR PART 2)		
F 2	CONTRIBU 21d. INJUR WHILE AT WORK	OCCURRED NOT WHILE AT WORK		21e PLACE C STREET, FACT				TREET			CITY OR TOWN		COUNTY		STATE
AFIER DEATH, WITH THE STA	22a l c∈	rtify that I took c ulted fram:		(h-	Accident		Autops icide	Homici TITLE (SF DASSIS	ecify) stant	Undete	Inquiry		DATE SIGNED	8-17-8	81
	Buria	AATION, REMOV		19/81		NAME OF CE		RCREMATO			ation riown imore		COUNTY	STA Mc	
	4. FUNERAL DIR	C. Marc	,	,	E. No			2	AUG		1981	REGISTR	PAR'S SIGNAT	URE 12 Ch	

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		REGISTRAR			MEDIC	AL EXAMI	NER'S C	ERTIFICAT	TE OF DE	ATH	REG. N	10.		
SHILL I	I. DEC	EASED NAM	E FIRST		MIDE	LE		LAST		2s. DATE	KNOWN	MONT		EAR 26 HOUR
	(,,,,	ORPRINTI	Mor	n†	L		F	ay 3	TR	DEATH	MATED >	(X 8	19 19 8	
	3. SEX		4. RACE	5. DATE OF		6. AGE (IN	YEARS IF UN	DER 1 YR. IF U	NDER 24 HRS.	2c. DATE	ICED	MONTH	H DAY Y	YEAR 2d. HOUR
Š	Ma	ale	White	12	112/1	4 4	YRS.	S DAYS HOL	URS MIN.	DEAD	ACED.	8	20 198	7EAR 2d HOUR 6:25
1	70. BJ	PHPLACE (S	TATE OR	76. CITIZEN	OF WHAT C	OUNTRY?	8. MARRI	ED NEVER	MARRIED TH	9. BALTIN	ORE CITY	OR COU	NTY OF DEAT	Н
ļ	3	MA COUNTRY)	D.	US	SA		WIDOW		VORCED [Ba	al timo	ore C	ity	MD.
)	10. CI	Y OR TOWN	OF DEATH	11. NAME C	OF HOSPITAL	, NURSING HOA	ME, OR OTH	ER INSTITUTION		MOST OF WOR		YPE OF WOR	OR IND	F BUSINESS
		attimor		2200	blk. K	loman S	tPat	apsco B	Bay		NIC		0	COTKT
5	13e. S		(IF IN NURSING HOME 1364 COUL		ITION, GIVE RESI	CITY OR TOWN	SSION)	13d. INSIDE CITY LIA	MITS? 13 STI	REET ADDRE	Box	. /		
Ğ	14. FA	THER'S NAM	E	MIDDLE		LAST		15. MOTHER'S	MAIDEN NAM	E	AIDDLE		LAST	
1	m	ONT	LEE	RAY	51			KATI	HLEEN		RI	7-2) 	
	16c. V		DEVER IN U.S. AF		? 16b	SOCIAL SECUR	ITY NO.	17. INFORMAN			ADDRE	SS		C HASE
		UNK	JWN) (IF TES, GIV	E WAR OR DATES)		UNK	- 157	MONI	RA	V 5A		19.1	30x 1	MP
			OF DEATH (Enter a		per line for (a), (b), and (c).)			11/20					ONSET AND DEATH
		PARTID	EATH WAS CAUSI	ED BY: ATE CAUSE (o)			Drown	ing						
	5	910	09		TO, OR AS A	CONSEQUENC	E OF							
	1		ins, It any, which ise to immediat											
) stating the under		TO, OR AS A	CONSEQUENC	E OF							
		Tying ca	use last.	(c)										
	z	PART 2 OTHER S	IGNIFICANT CONDITION	S CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEASI	DR CONDITION GIVE	EN IN PART 1 (a).					
I	150	19a DATE O	FOPERATION	119h (CONDITION	FOR WHICH OP	ERATION W	AS PERFORMED)?	_			20 AUTO	OPSY?
	SE													ON XX
ł	CERTIFICATION	21a. EXTERN	AL CAUSE WAS	21b. T	IME OF INJU	JRY	21ε. H	OW INJURY OCC	CURRED LENTER	R NATURE OF IN	JURY IN ITEM	18 PART 1 OF		W INO
		UNDERLYIN	G XXOR	но	UR A.M. MC	8 19 19	AR :							
	MEDICAL	214 INJURY	ING CAUSE OF		P.M.	JURY (AT HOME,		bject f	ound II	ii wale	<i>-</i> 1			
1	ME			0.00	REET, FACTORY, F	ARM, ETC.)	8	TREET	1/1	CITY-OR TO	NWN -		COUNTY	, STATE
		AT WORK	AT WORK		wate	er	1220		Kloman	5T	атаря	sco E	Bay, Bal	to.,Md.
0	1	22¢. } cert	ify that I taak cha	rge af the rem	_		Autap	sy 💢 , Ins	spectian,	Inquiry	□	and in my	apınıan	
	1	death resul	ted from: Nat	ural causes	, Acci	dent X,	Suicide	, Hamicide	Unde	etermined m	anner].		
			ha	0	1			TITLE (SPEC	IFY)				TE O O	
-	1	ACTUAL SIGNATURE	111	UN	X		M	_{.D.} Assis	tant ME	DICAL EXAM	MINER	SIG	TE 8-21	1-81
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		(TYPE OR PR		Inn M.	UIXON,			ADDRESS		Penn	Stree	eT		
	23a.B	JRIAL, CREMA	ATION, REMOVAL	23b. DATE	101	23c. NAME OF	EMETERY		23d. L	OCATION		11 0	OUNTY	STATE
	CK	emate	m	8/21/	8/	Seuri	ty P.	ween	(0	Mon	sul	le	Mel.	
	24 F	NERAL DIRE	CTOR 1		ADDRESS	,	00		DATE REC'D. E		AR 25b. RE	GISTRAR	'S SIGNATURE	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

C. March F/H 1101 E. North Ave.

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DEPART LANDON LATER DE Alaly W. ale took with our bounds and too but SEP C 1 931 Enemo Se Jun

TYPE OR PRINT) 3. SEX 7a BIRTHPLACE COUNTRY MARYLAND 21201 13a. STATE 4 FATHER'S NAME Pu cause (a). DIVISION OF VITAL RECORDS. CERTIFICATION à. bei ial-transit 00 MEDICAL b AT WORK TO FUNERAL D should be detoc with the State D MPORTANT

(VRA 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME 26. HOUR 6. AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS 90 9. BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ETIRED ALTIMORG USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 2706 YES I NO T BALTINORY 15. MOTHER'S MAIDEN NAME MIDDLE LAST Sabra Litchfield 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Hattie E. Gough 2706 Riggs Avenue N/A APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ARDIO PUL MOMARY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF erebro-vascular Conditions, if any, which gove rise to immediate stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, N (we) (did) (did not) view the body after death 22h SIGNATIORE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DA TYPE OR PRINT 22e. ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE COUNTY Burial 9/3/81 Mt. Auburn Cem. Baltimore MD 250. DATE REC'D BY REGISTRABIASH REGISTRAR'S SIGNA 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS C. March F/H 1101 E. North Ave

AUS - 1881 - 218 - 210 A

0 1	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0 9 5 8
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYI	James	L.	REDFEARN	August 21, 19	
3. 5	M. 4	NEGRO	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
70.8		CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNT	Y OF DEATH
11	COUNTRY C:	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	
8 10.0	Baltimore	1. NAME OF HOSPITAL, NURS INC (IF NOT IN SUCH FACILITY, GIVE STREET A Maryland Gene	DDRESS)	17A USUAL OCCUPATION STYPE OF WORLDOWN MOST OF WORLDOWN	126 KIND OF BUSINESS OR INDUSTRY
J (30.	JAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	130 STREET ADDRESS Cen	tral a
10	SPIRST K	ed fear LAST	15. MOTHER'S MAIDEN NA	Lisa Wa	100
1 160		ED FORCES 166 SOCIAL SECUR 218-03-	8255 Day Redfe	ADDRESS 1323 N.	Penter AP
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (o), (b), and BY:	IC		BETWEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (0) Adenocarc	inoma of the rect	um with extensive	9
	1541	XXXXXXXXXXXXX			State Water
	Conditions, if ony, which gove rise to immediate	xx hepatic	and lymphatic met	astases.	
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUEN			
			lerotic cardiovas		
Z	PART 2 OTHER SIGNIFICANT CO		ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 11a
-1 =	19a DATE OF OPERATION	0 d Myoca	rdial Infarction	Les AUTORSUS Less IF VE	C MESS SWEET
CERTIFICATION	August 18,1981	Rectal Polyps		YES X NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES 🗶 NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAI	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (x (this hospital sow the deceased alive an above, (x (we) (did) (did nx).	August 21	XI	deoth occurred on the date and how	1981, that (X (we) lost ur and from the causes stated
	226. SIGNATURE	1-111	DEGREE		22c. DATE SIGNED
	John 161	MIGUERRE		MEDICAL STAFF DIRECTOR PHYSICIAN	8/21/81
	John Bartholor		c/o Maryland	General Hospita	1
230	BURIAL, CREMATION, REMOVAL TO THE PROPERTY OF	8/24/81 236 N	AME OF CEMETERY OF CREMATORY	23d LOCATION CITYORTOWN CITYORTOWN	CSOUNTY STATE
24, F	UNERAL DIRECTOR	Ala 1335	12 (C) KIDA 250 DAI	UG 2 5 1981 Registrar 256 BEGIS	TRAR'S SIGNATURE

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SELECTION OF THE PROPERTY OF T

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

7.37 Pole the state of the s True, Hall William Victorial & Branch Mar 1-815 A COLO THE WORK HOUSE DIST DOWNER HOME IN SPIRE WALKER 18-E- 9 JAMES. and the Contract of the Contraction

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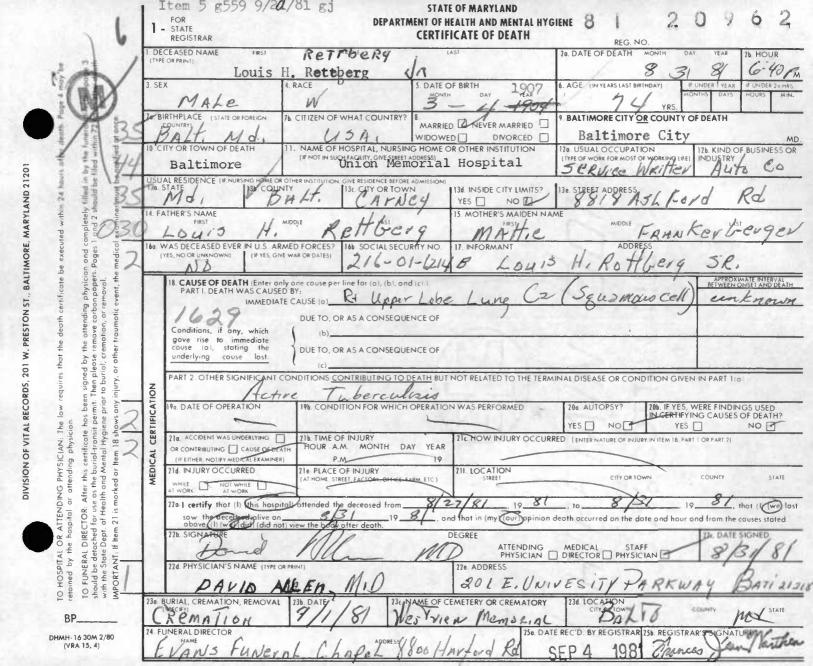
STATE OF MARYLAND

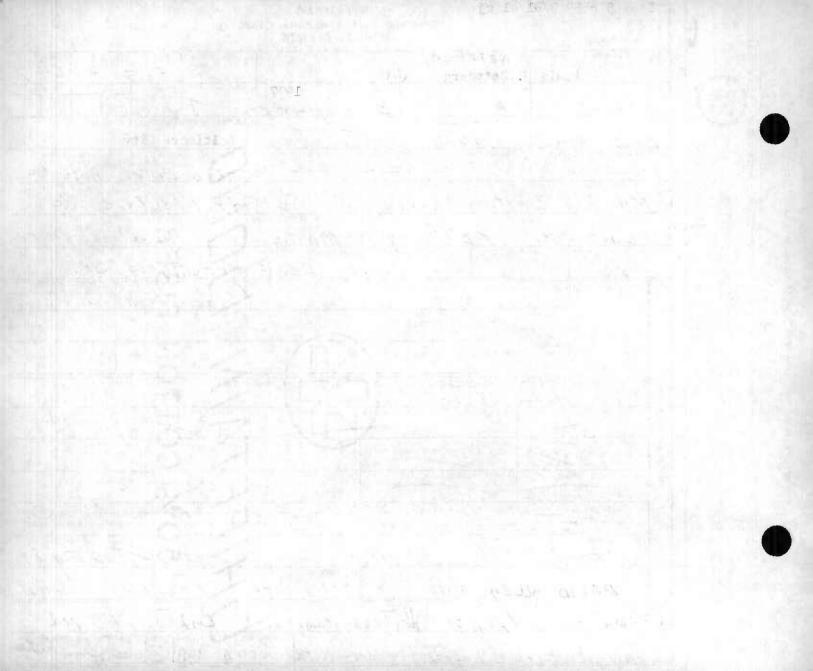
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.5	CEACED MANE		MIDDLE		AST		REG. NO.				
	CEASED NAME FIRST GILB	ERT We	sley		EDY	20. DATE OF DE	8/30		YEAR	26. HOU	
3. SE.		4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER		IF UNDER	_
4-1	lale	White		Marc	th 16 ^{AY} 1936 ^{EAR}	45	YRS	MONTHS	DAYS	HOURS	
o Bi	IRTHPLACE (STATE OR FOREIGN COUNTRY) Climore, Md.	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE	nore Cit		ATH		
Ba	ltimore, Md.	Balt	imore Cit	y Hos	prother institution	12a USUAL OCC	UPATION	12b. G LIFE) JND	USTRY	BUSINE ucti	
M			GIVE RESIDENCE BEFORE 131 CITY OR TOW Parkvill			130. STREET ADD	RESS Texas	Ave.	21	234	
14. FA	ATHER'S NAME	Henry R	LAST		15 MOTHER'S MAIDEN NAME FIRST Lena	AA	IDDLE		LAS1		
6a V	Walter WAS DECEASED EVER IN U.S.			IRITY NO.	17. INFORMANT		ADD SSHIP	h Sea	as C	La	
0		GIVE WAR OR DATES)	218 28 0		Gladys Hall.						22
	LIL CALISE OF BEATH IS	only one server	r line for (a) this	d (a))						NATE INTER	
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	SED BY	r line far (a), (b), and	d (c).)				81	ETWEENC	IS CE	_
7	Conditions, if any, which gave rise to immediate cause (a), stating the	(b)	OR AS A CONSEQUE	ple	- TRAUM	A			31	Nee	2
HCATION C	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, O (b) DUE TO, O (c) T CONDITIONS C	ONTRIBUTING TO S	PLE ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OF	? 20b. IF Y	GIVEN IN P	FINDIN	GS USE	2
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To the state of th WHIS ENDY. IE, 1865 THE SECTION AND PROVIDED TO A STATE OF THE PARTY OF THE Bailtin and House House House House House House Estimore x 415 Norwood Pone Sheehan Meryl 214 03 0118 Mrs. Manov R. Rupparabarour (Bullet) The second of th En. Enward F. Cotten, M.D. 1200 E. Northenn Parketty, Balto, J.M. Salto, County Valley Salto, County, - Way





HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

11 ME 2 2 2 92 3 MM 3. 14. For Beares Hypron A VINTURE I SECOND THE PROPERTY SA PERSONAL TELEVISION STANDARD AND STANDARD ASSESSMENT

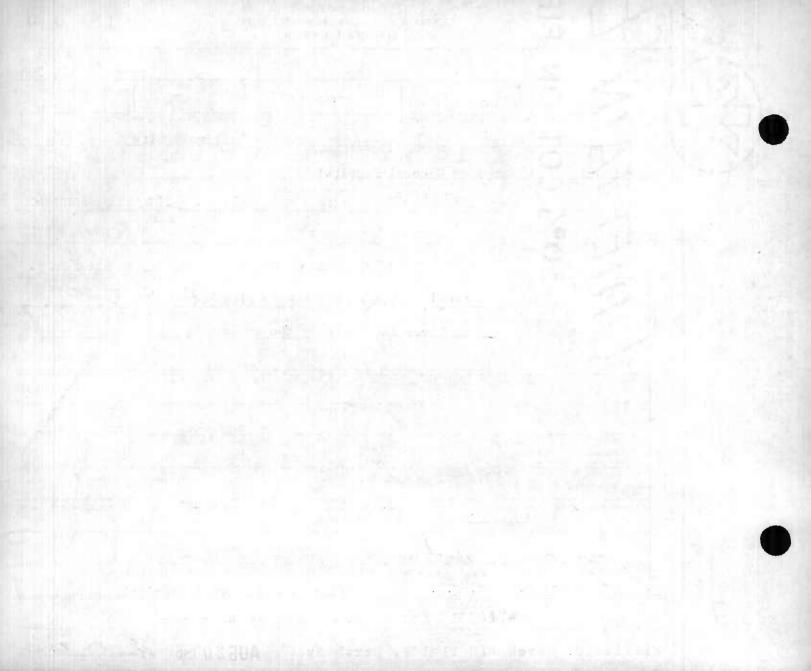
7.77 Aromitia unaf Inc. - n. fasion of the vine for its and 219-05-1957 lead introles worst o it, Debruid, outicl sept. 3,1984 Propies Cir. Con. Intent Create. Colvert College President H. Sawell Low 30 Prince Road, M. L. Berlin and F. H. Berlin and F. Brand, M. L. Berlin and F. B

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5	1	FOR - STATE REGISTRAR	DEP		HEALTH AND MENTAL H	YGIENE B	209	0 3
		ECEASED NAME FIRST PE OR PRINT) Herbe	rt Rice		LAST	2ª DATE OF DEATH 08/17/8:		2b. HOUR 4:25P
4 G	3. St	EX	4 RACE	MONT	The state of the s	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
900	7n F	Male BIRTHPLACE (STATE OR FOREIGN	Black 76 CITIZEN OF WHAT COUN	4	9 16	65	YRS.	
deoth.	3	COUNTRY) VA	USA	MARRIE			City	MD.
of the led with	7	Baltimore /	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	or other institution ns Hospita	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		OF BUSINESS OR
ND 212	13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	JNTY 13c CITY OR	BEFORE ADMISSION)	13d. Inside City Limits?	13e. STREET ADDRESS	. Dallas S	+
d within d within	14 F	ATHER'S NAME FIRST Jefferson	MIDDLE LAS	1	15. MOTHER'S MAIDEN N	MIDDLE	LA	ST
Se Com		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	SECURITY NO.	Carrie	e B.		asley
be exe be exe broad in the media		(YES NO OR UNKNOWN) (IF YES, C	215-	07-629	Sherlock	Rice 1559		Venue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physicion. Steer this certificate has been signed by the death certificate be executed within 24 hours steer this certificate has been signed by the death of completely find its cost the burial-transit permit. Then please remove corbon papers. Pages 1 and 2shoot a brilling hourd by the not Mental Hygiene prior to burial, cremation, or remarked.	CERTIFICATION			SEQUENCE OF	N WAS PERFORMED	Ing. cavity RMINAL DISEASE OR COI 200 AUTOPSY? YES NOTER NATURE OF INJUR RRED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDI	
HYSICIAN dang photographic contificients in Mentol 1	MEDICAL	OR CONTRIBUTION CAUSE OF DE		DAY YEAR	21f LOCATION			
IVISIG PH attent ther thin s the la	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OF	FINCE FARM, ETC)	STREE	CITY OR TO	WN COUNTY	STATE
TTEND portal of TOR: A for use of Head		22a.l certify that (I) (this has sow the deceased alive o abave, (I) (we) (did) (did n	ontol) ottended the deceased from	19		n death accurred an the da	19 8 , te and hour and from the	that (I) (we) last causes stoted
by the hos ERAL DIREC ERAL DIREC se detached State Dept.		226. SIGNATURE	OR PRINT)	M	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	FIAN S	17/S
TO HOSPITAL retoined by the TO FUNERAL should be determined with the State MPORTANT:	L	EN6STR	M, JOHN		JOHNS		HOSPI	TAL
) \(\sigma_n \) BP	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 8/22/81		tus Mem. P	CITY OR TOURS	nore Co.	STATE MD
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR	ADDR.	RESS	25a. D	AUG 2 0 1981		URE
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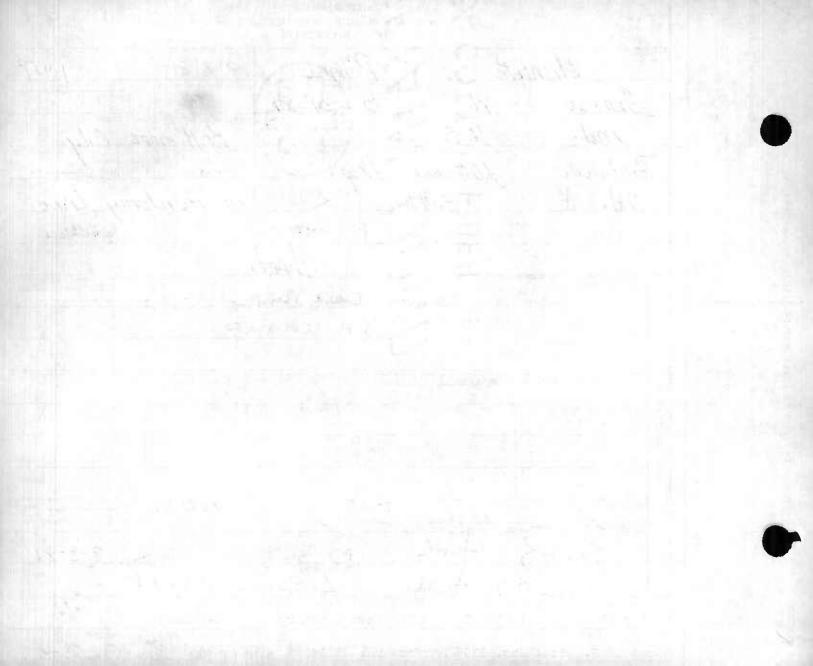
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STATE OF MAKTLAND

FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR YEAR (TYPE OR PRINT) 1. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 96 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRESTON ST., BALTIMORE, MARYLAND 21201 Retired Hamburger's USUAL RESIDENCE (IF NURSING HOME CONTINUES 13b COUNTY 13e Str 7 105 155 M INSIDE CITY LIMITS? 740_South Ellwood Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Richards John Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-03-3166 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE C Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe YES [NO I Mentol Hyg 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL riol-(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION ò 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that M (this hospital) attended the deceased from sow the deceased alive on 5 - 6 - 6 - 19 , and that in (py) (our) opinion death occurred on the date and hour and from the causes stated above (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be detowith the State [DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE (SPECIFY) Burial 8-11-81 Oak Lawn Cemetery Baltimore, MD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

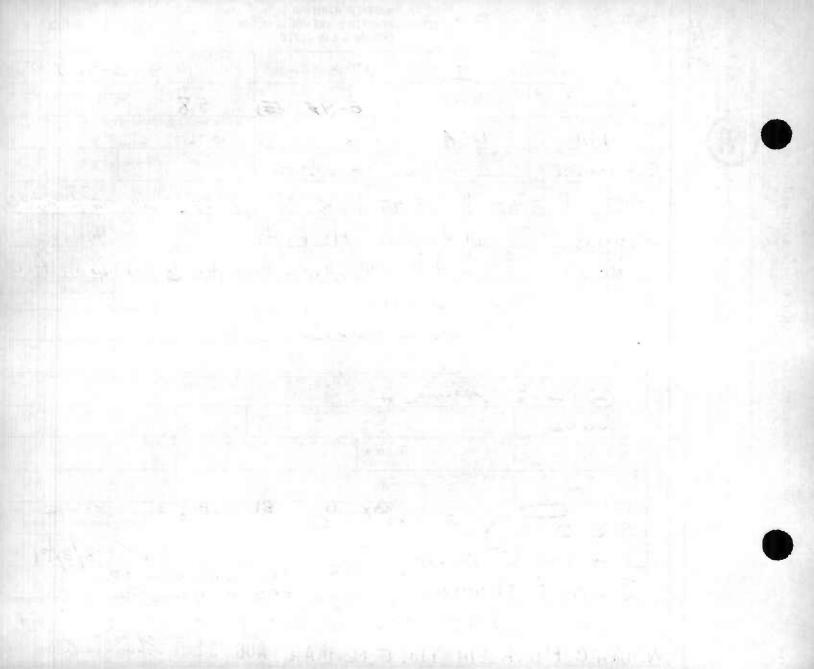


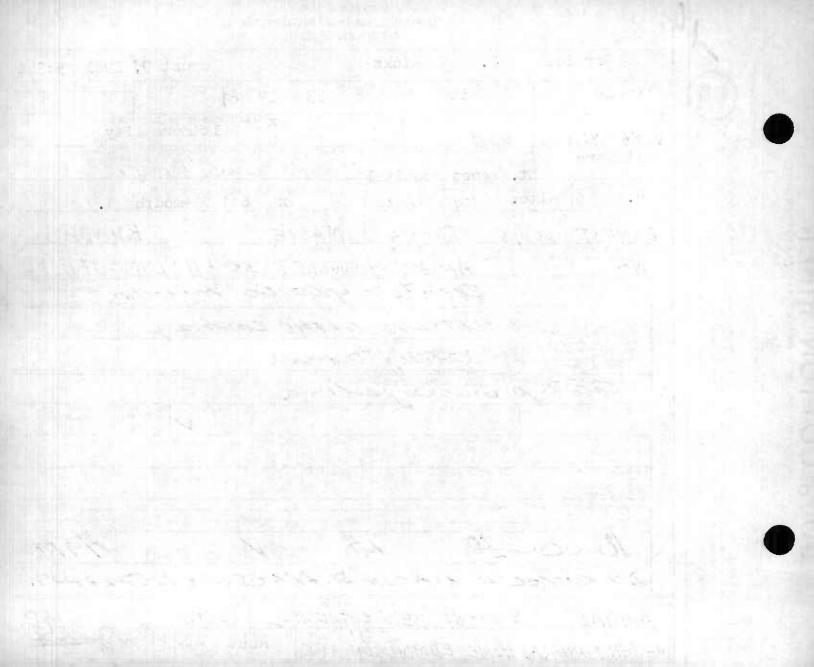
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RWARDED TO FAGE 3 SHOU STATE DEPART 7, 21201 PRIOR MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, E			CITY OR TOWN	COUNTY	STATE
PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BAITMORE, MARYLAND, 2120	22a I certify that I took charge death resulted fram: Nature ACTUAL SIGNATURE	e of the remains described about the causes Accident	ove, held an Autapsy Suicide ,		determined manner ,	I in my apinian DATE 8-17-81 SIGNED	
MEDIA GECUTE GGE 4 S FUNE FIER DE	EXAMINER'S NAME (TYPE OR PRINT) Ma	argarita AKo	rell,M.D.	DDRESS 111 Pen	n Street		
BP	urial, cremation, removal 23 Burial 8 UNERAL DIRECTOR	3/21/81 Ar	name of cemetery or butus Memo	orial Pk.	LOCATION CITYOFTOWN BALTIMORE C BY REGISTRAR 1256 REGIS	ounty, Mar	ÿlan
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he low reconstructions been to be permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO	ATH?
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IVISION G PHYS: er this cr s the burn o and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	21f. LOCATION	CITY OR TO	WN COUNTY	STATE
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the hasp the hasp AL DIREC etached the Dept.		286. SGNATURE	of view threedy after death	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		31
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STATE OF MARYLAND





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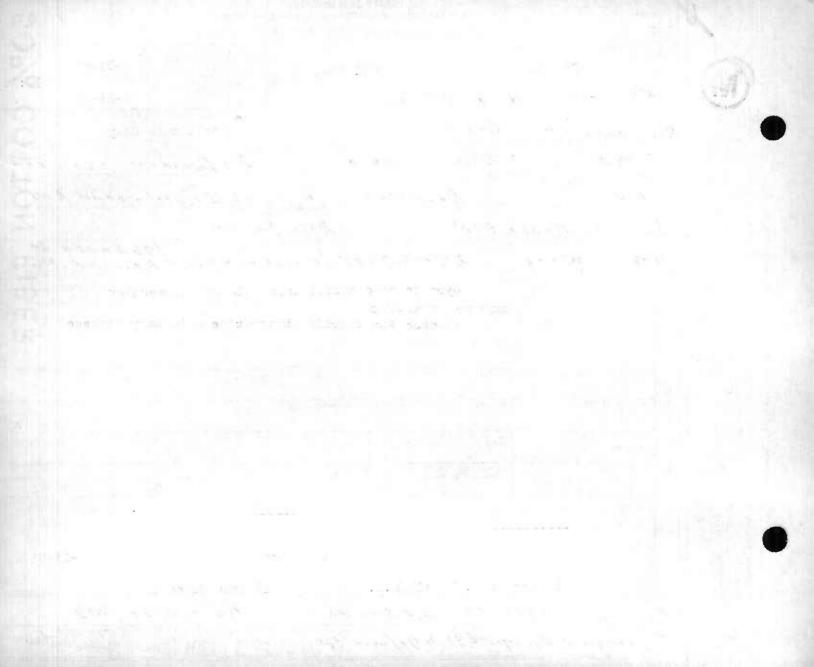
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	ASE OR. URS URS		Dwi	J				Robinson DEATH MATED						19 81	٨
	플라프 S.R.	3. SEX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY		IF UNDE		. DATE	ICED	MONTH	DAY	YEAR	24 HOUR 5:05
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	できる日本	10. CITY OR	TOWN OF DEATH	11. NAME OF HOS	SPITAL, NU	RSING HOME,	OR OTHER INSTIT	TUTION	12a. USUA	L OCCUP	ATION (T	YPE OF WORK	12b. KIN	ND OF BUS	SINESS
1/4	A SH POE		timore	Luti	neran	Hospita	al		TOR MC	OST OF WOR	KING LIFE)			CHADOSIK	
5	A SEE SEE	UAL RES	IDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE	OR TOWN		E CITY LIMITS?	13e. STREE	TARRE					
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WO	NO N	160 WAS D	ECEASED EVER IN U.S. AL	RMED FORCES?	16b. SOC	TAL SECURITY	17. INFO	rnice RMANT	3		ADDRES	Har	dy		
5	A SIGNATURE IN SIG	No.	OK UNKNOWN) (IF YES, GIV	E WAR OR DATES)	015-	46-68		. 1	Hard	. 77	101	Colum			
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TS TS	F S S S I	P	ART I DEATH WAS CAUSI	D BY:			nd of Che	est					BETW	VEEN ONSET	AND DEATH
D.	2 E S E S E S E S E S E S E S E S E S E	9	560 IMMEDIA	ATE CAUSE (o)		SEQUENCE OF	14 01 011	001		-					
Si Si	ER A		onditions, if any, which												
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	EXECUTED IN PRINCE IN PRINCE EXAM NOTE IN PRINCE EXAM NOTE IN PRINCE IN PRIN	PART 2	OTHER SIGNIFICANT CONDITION	(CONTRIBUTING TO GEATN	BUT NOT RELA	TEO TO THE TERMIN	I DISEASE OF COMOIT	ION CIVEN IN B	ART 1 :						
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	ME BEE	dea	th resulted fram: Nati	ral causes,	Accident	, Suici	de XX, Hon	nicide .	Undeter	mined ma	nner	,			
	WAN WAR	ACTU	M. M.	VA.	0			(SPECIFY)							
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	SEAN SE	EXAM	INER'S NAME	tantata L	D-1-	- M D			II D.	6.1					
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELICATE WEEKCUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 AND 3 DE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAR RETAIN PAGE 3 SHOULD BE USED SA 8 USINAL. "FRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS.	(TYPE	OR PRINT) V	irginia L.		n, M.D.	ADDRESS		II Per		reet				
	- MO - AQ	23a.BURIAL,	CREMATION, REMOVAL				TERY OR CREMA	_	23d. LOC СДУ QR	HON	A	cou	NTY	STA	ATE
2.5%	BP			8/17/81	KI	NG MEN	MORIAL	PARK			», ME				
YI	DHMH - 17	NAME	L DIRECTOR	ADORESS				AU	REC'D. BY R	81 181	REC	SISTRAR'S	SIGNATO	JRE	
fell	(VR A15 ME (5)) 15M 2/80	LERO'	Y O. DYFTT	4600 L	BERT	Y HEIG	SHTS AV	H. HUC	3 L 4 1	100	Ti care	The state of the s	2/		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME FIRST KNOWN X (TYPE OR PRINT) ESTI-8-31-81. DEATH MATED GEORGE 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 10426 PRONOUNCED male black 8-31-81,0 aM 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City ICKMEND WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 1635 Edmonds on Avenue OR INDUSTRY Baltimore CASEM. EA 4 RETAIN FOULD BI USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE 3d INSIDE CITY LIMITS? 14. FATHER'S NAME www CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE (o) MIKKKWIKW XXXIISKOKIKIKIK Conditions, if ony, which disease and chronic obstructive pulmonary disease gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO K 21a. EXTERNAL CAUSE WAS 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy Accident Suicide Homicide Undetermined monner FUNERAL DIRECTER DEATH, WITH TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 8-31-81 EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell M.D. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY STATE MILAUDUN BUNIXL 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY Totans act & Superous 38 & gran St **DHMH-17** VR A15 ME (5) 15M 2/80



STATE OF MARYLAND

1	FOR STATE REGISTRAR		DEPARTN		TEALTH AND MENTAL HYG	IENE 8	2	0 9	1 6
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
1	John		T .	Robin	nson	Augus	t 21,	1981	5:45P
1.58	X.	4 RACE		5. DATE C		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	M ale	Black	ζ	Oct	7, 1921 YEAR	59	YRS	ONINS DAYS	HOURS MIN.
Tu. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	1
I	Wd.	U.S.	A.	WIDOWE		Baltimore	City		M
1	Baltimore	Maryla	nd Genera	G HOME CADDRESS!	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired		12b. KIND C	OF BUSINESS OF
130	SMEd.	OTHER INSTITUTION MTY	GIVE RESIDENCE BEFORE		YES X NO	13e STREET ADDRESS 2544 Mc	Culloh	St. 2	21217
14. E.	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	C7
		10 00 11	Sr.		Annie Por	ney			
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	218-10-5		Lorraine Ro	obinson, 16		omas	Ave.
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per	line far (a), (b), and	l (c)					IMATE INTERVAL ONSET AND DEATH
		E CAUSE (o)	Respirat	ory F	ailure			36 h	nours
7	Conditions, if any, which	DUE TO, OF	Pneumoni	NCE OF				11 d	lays
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF				1	
NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART III	0
CERTIFICATION	19th DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(11)	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT : OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BET, FACTORY, OFFICE, FA	ARM ETC	216 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that Xt (this hospi	tal) attended the	deceased fram	Augus	t 10 , 19 81	, to August	21	9 81	that X (we) las
	sow the deceased alive an obove, H (we) (did) (**Cox**)	August	21 19.8	1 , or	nd that in (n X) (our) opinion d	deoth occurred on the d	ate and haur	and from the	causes stated
	27h. Signature RI	inder,	M.D.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		8/2	1/1981
1	22d. FYSICIAN'S NAME (TYPE O	PRINT)			22e ADDRESS			1	1
	Sheila Rhod	es, M.D.			c/o Maryla	nd General	Hospit	al	11111
23a (BURIAL, CREMATION, REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		73.07	2 .1
B	ürial	8/2	7/81 \ \	Westy	view Mem. F	ark Balti	mao re	COUNTRIAL	yland

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Law Funeral Home 4611 Park Heights Ave.

AUG 2 5 1981

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1	FOR STATE REGISTRAR	DEPARTMENT OF CERT	TE OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	0 9 7
director page 3	1. DECEASED NAME FIRST (TYPE OR PRINT) SLANT 3. SEX Temale	Jeannette M. Rocke ARACE White S. DATE MOR	Rockstroh OF BIRTH 31 4AR 3	871	DAY 1 YEAR 1 26 HOU 2 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
funeral thin 72	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	7b. CITIZEN OF WHAT COUNTRY? & MARR WIDOV	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Baltimore	City
by the	Baltimore	5t. Agnes Hospital		TYPEON WORK FOR MOST OF WORKING LI	126. KIND OF BUSINE
within 24 ho letely filled i d 2 shauld b	Md. HOL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY WARD ELITICOTT Cit	13d. INSIDE CITY LIMITS? YES NO NO	133787 Apressield C)rive
Par du la	(Late) Edoward 166. WAS DECEASED EVER IN U.S. AR	Gueydan RMED FORCES? Tib. SOCIAL SECURITY NO.	Jeanette 17 INFORMANT	ADDRESS	Thiimany
S. Pages		218-26-4025		stroh, 3117 Hayfi	eld Drive
requires that the death of the signed by the attending to Then please remove cor or to burial, cremation, on y injury, or ather traumating.	Conditions, if ony, which gove rise to immediate couse Iol, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT			EN IN PART NO
A BE LO	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATI		YES NOTE YE	
SICIAN: ng phys certifica urial-trar Nental Hy Item 18	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DAY YEAR R) P.M. 19 210. PLACE OF INJURY	211. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18. P	COUNTY 5
OR ATTENDING PHY te haspital ar attendi DIRECTOR: After this sched for use as the bi Dept. of Health and M Hem 21 is marked or	27a.l certify that (1) (this hasp	ital) attended the deceased from 19 21) view the bady after death.	7-23- 19 81	to 8 - 12 - death accurred on the date and hou	19 <u>8</u> , that (I) (v
O HOSPITAL stained by the O FUNERAL hould be deter with the State	PICARDU L.	MACHADOM	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN &	B-12-8 T MD.
BP	230. BURIAL, CREMATION, REMOVAL	8/15/81 236 NAME OF Crest:	CEMETERY OR GREMATORY	Marriottsville	Howard N
DHMH-16 30M 2/80	24 FUNERAL DIRECTOR	uneral Home A.A.	25a. DAT	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

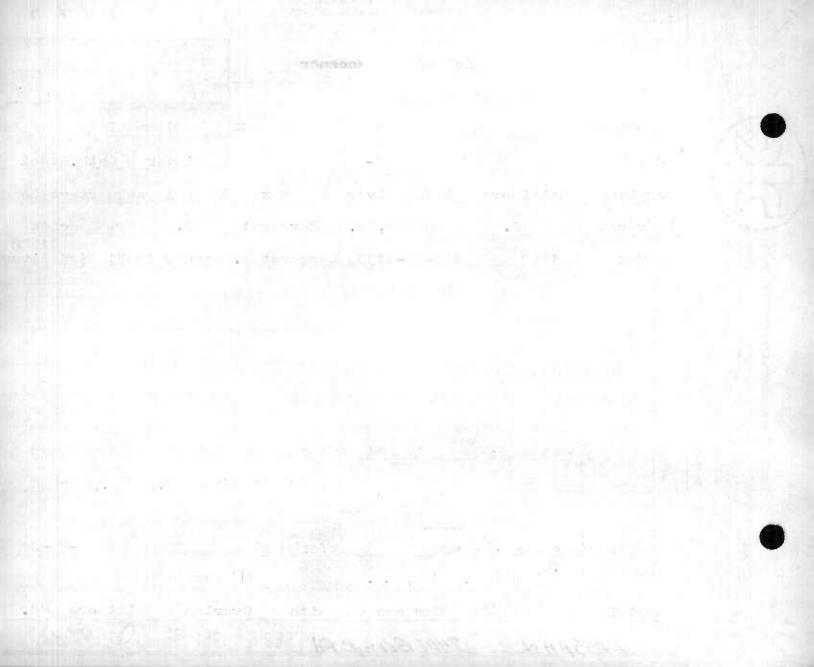
AND BEAR OF THE STREET, WE RESIDENCE TO SEE THE SECOND SERVICE. . I d were fire to the line had been a first the season from the season and the

(VRA 15, 4)

STATE OF MARYLAND

Daniel Taranta Mills

8		11-	FOR STATE REGISTRAR		M	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 0 9 7 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										9
	*	1. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE			LAST	AIL OI		DATE KNO	WN M		DAY YEAR	
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	岩田田園 居	3. SEX			5. DATE OF BIRT	Y YEAR	6. AGE (IN YE LAST BIRTHD	ARS IF UN		F UNDER 2	A HRS. 2c.	DATE	WC	HINO	DAY YEA	10.110011
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	A PRINCIPLE A PRIN		RTHPLACE (STATE O	R	76. CITIZEN OF	WHAT COU	TRY?	8. MARRI	ED NEVE	ER MARRIE	D 7. I	BALTIMORE	CITY OR C	OUNTY	OF DEATH	
	BARER	M	aryland		U	SA		WIDOW	ED 🗆	DIVORCE	D K	Balti	more	City	у,	MD.
West !	A CHERT SA	10. CI	TY OR TOWN OF D	EATH	11. NAME OF H	OSPITAL, NL	IRSING HOME	, OR OTH	ER INSTITUTI	ION	120. USUAL	OCCUPATION OF WORKING L	N (TYPE OF)	WORK 12	N. KIND OF E	BUSINESS
	300 min	E	Baltimore	/	Univer	sity H	ospital	-STU			Pip	efitt	er	Be	th.St	
10	ANY DE AND 3 IL	13a. S	L RESIDENCE (IF IN)	TI36 COUN	OR OTHER INSTITUTION	GIVE RESIDENCE	OR TOWN	ON)	13d. INSIDE CITY	Y LIMITS?	13e. STREET	ADDRESS				
21201	S S E D E	Ma	ryland	Bal:	timore	Nide	lle Ri	ver		NO 🔀			.eys	Qua	rters	Road
MO.	A Salah	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	ST MAIDEN		MIDDLE			LAST	
m,	E38 38 36		Ernest		J.	Ros	sner.	Jr.	Max	gare	t	S.			Sei	tz
WOM	PAGE ON OR	160. V	AS DECEASED EVE	RIN U.S. ARA	MED FORCES?	16b. SO	sner,	YNO.	17 INFORM	ANT			DDRESS			1220
BALTIMORE,	ULD BE EXECUTED WITHIN 24 HOURS AFTER CAR- "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES FF MEDICAL EXAMINER ALONG WITH FORM TEM SA SA BURIAL - TRANSIT PERMIT. PAGES 1 A HEALTH AND MENTAL HYGIENE, DIVISION OF AL, CREMATION, OR REMOVAL.	(4	Yes	19"	72	218-	-50-51	38	Marga	aret	S.Ro	esner	106	31		River
	JURS 18. G MIT. P E, DIN		18 CAUSE OF DE	ATH (Enter on	ly ane cause per l	ine far (a), (b), and (c).)								APPROXIM-	ATE INTERVAL SET AND DEATH
PRESTON ST	ENERGEN HO		PARTIDEATH		DBY: [E CAUSE (0)	Blun	t inju	ry to	Head							
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RECORDS, 201	D BE EXE PENDING MEDICAL D AS A BU FEALTH AN CREMAT	Z														
	- CEAN MEN	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CON	DITION FOR	WHICH OPER	RATION W	AS PERFORM	NED?					20 AUTOPS	Y?
DIVISION OF VITAL	INNER: THIS CERTIFICATE SHOULD ISINGTE. WRITING THE WORD "PER E CORWARDED TO THE CHIEF M. TTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD. AND; 21201 PRIOR TO BURIAL, C.	윤													10 AUTOPS (Head YES	Only)
2	WORD WORD WORD BE US BURITOR	ER	210. EXTERNAL CA		21b. TIME	OF INJURY	DAY YEA	21c. HC	OW INJURY C	OCCURRED	(ENTER NATI	IRE OF INJURY IN	ITEM 18 PART	I OR PART		110
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	NO SEE	1	220. I certify the	it I taok chorg	e of the remains			Y Autop	sy X.	Inspection	□ .	Inquiry .	, ond in	my opin	ion	
	BE FELLEN	1	deoth resulted fro	ım; Notur	ral causes,	Accident	XX, su	icide	, Homicio	de 🔲	Undeterm	ined manner				
	AA WAR		ACTUAL	11.	. Y	0-1-			TITLE (SPI	stant				DATE	8-29	01
	SHOW THE WAY	1	SIGNATURE	unger	va m	socal		M	.D. 7551	Stalli	MEDICA	LEXAMINER		SIGNED	0-29	_01
	WED TO THE TO TH		EXAMINER'S NAM	E Vi	rginia l	Dol.	an. M.).	ADDRESS		III P	enn St	reet			
	TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST. BALTIMORE, MARITAND, 2	23a. B	URIAL CREMATION			-	NAME OF CE			RY				sour -		
	BP	B	uria1		9/1/81		rdens				23d LOCA CITY OR T Over	lea	Ba1	tim	ore	Md.
			UNERAL DIRECTOR						25	5a. DATE RI	EC'D. BY RE	GISTRAR 25	b. REGISTA	AR'S SIC	NATURE	
	DHMH - 17 (VR A15 ME (5))	-	NAME LOG	504	ADDR	741	1 BEL	0.0	21	SEP	8 19	81 12	rneas	You	Tarth	les
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STATE OF MARYLAND

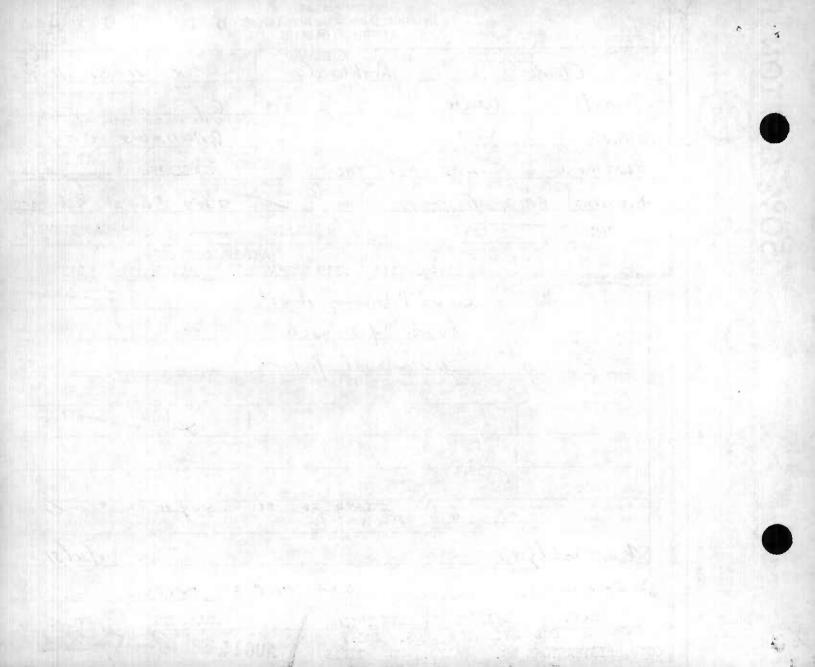
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THE CAST OF DEATH REG. NO. THE CONTROL OF THE PROPERTY OF TH	TERRIGIBLE TRANSPORT TRANS		Jan.	FOR	*	DEPART		E OF MARYLAND BEALTH AND MENTAL HYG	IENE 8 1	2	0 9	8 1
DECEASED NAME THY CORNEY 1 SEX 1 S	Tope Care Tope To	1	1				CERTIF	ICATE OF DEATH	REG. NO			
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OR he		77b. SIGNATURE	1/41		DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
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DHMH - 16 50M 1/81		UNERAL DIRECTOR SOL	LEVINSON & BR	OS., INC	25a. DAT	JG 1 9 1981	STRAK S SIGNATURE
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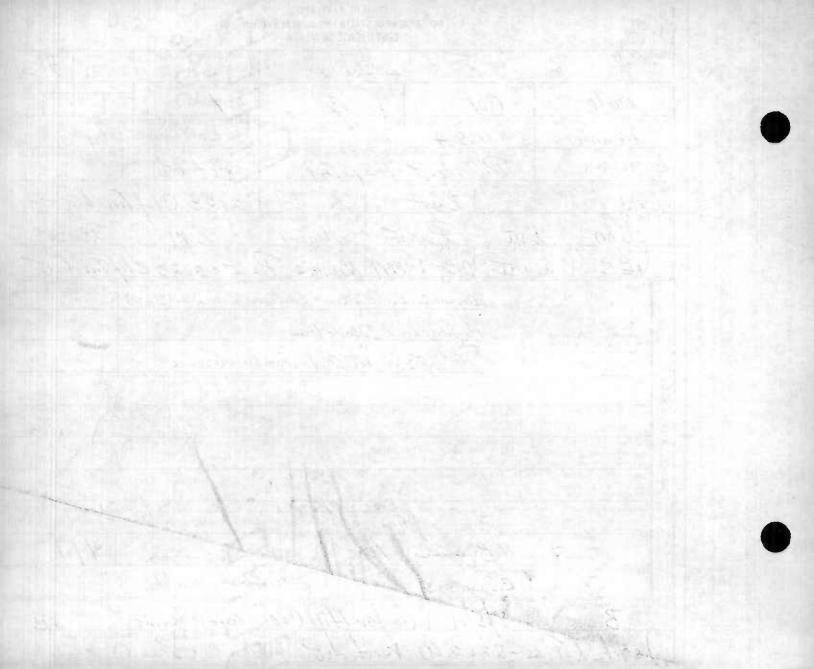
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15 (4))



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230	22a Certify that I taak death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) BURIAL CREMATION REMO)	charge of the remains desc Natural causes , P. John V rgarita A. K	Accident , Suicide	TITLE (SPECIFY) M.D. Assistan ADDRESS 1	Undetermined mo	DATE NINER SIGNED	8-22-8	81
	Cremation FUNERAL DIRECTOR	0 100 100		Crematory	Somers		. Engl	
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Leonard J Ruck Inc. Baltimore, Maryland

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FOR

- STATE

TYPE OR PRINTI

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

FIRST

Frances

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Roycroft

REG NO

August 28, 1981

7h HOUR

17b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

NO [

STATE

9th Floor

YES [

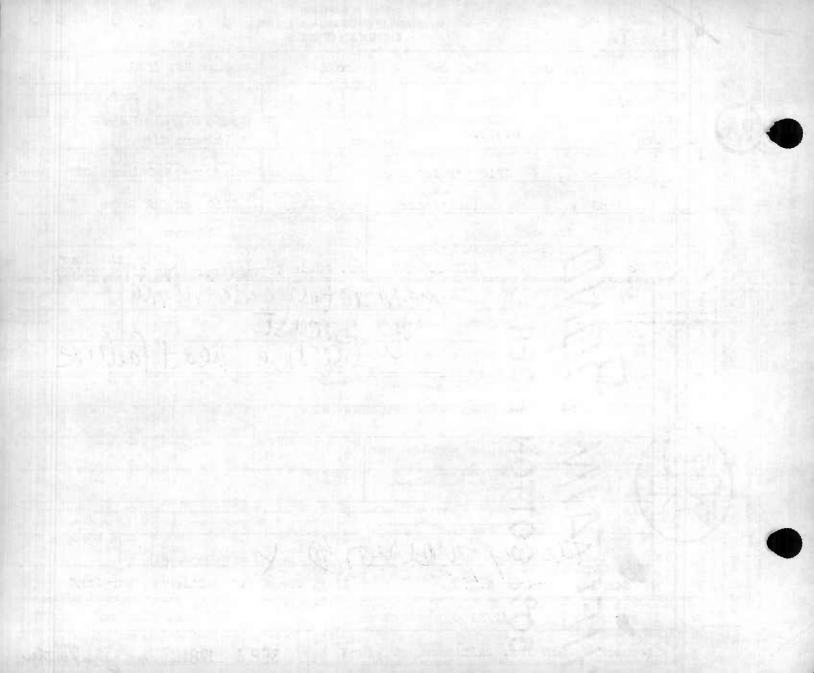
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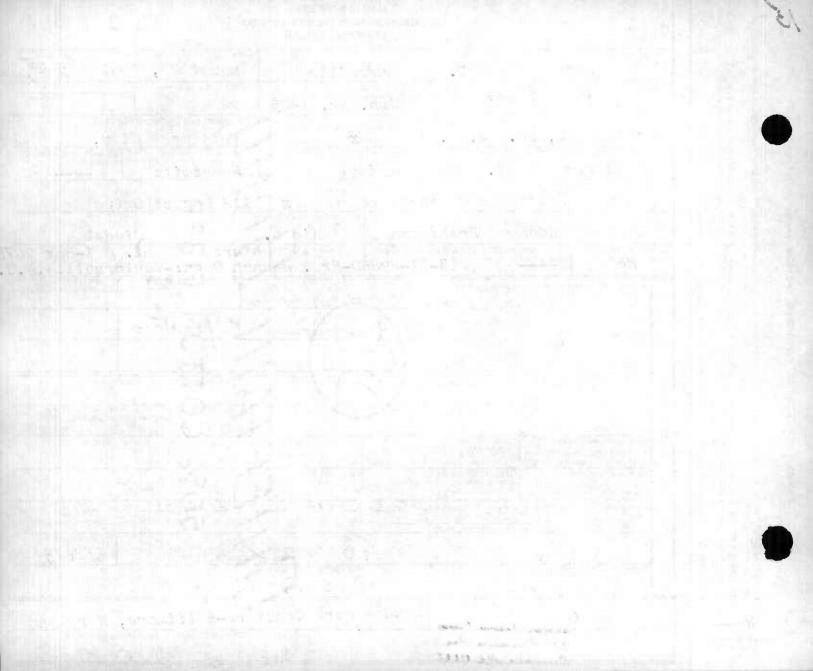
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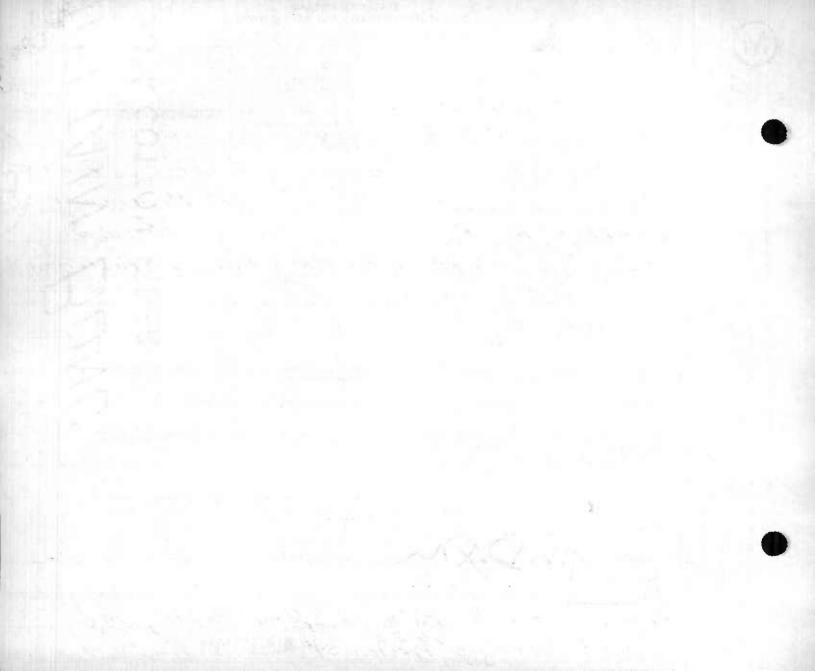
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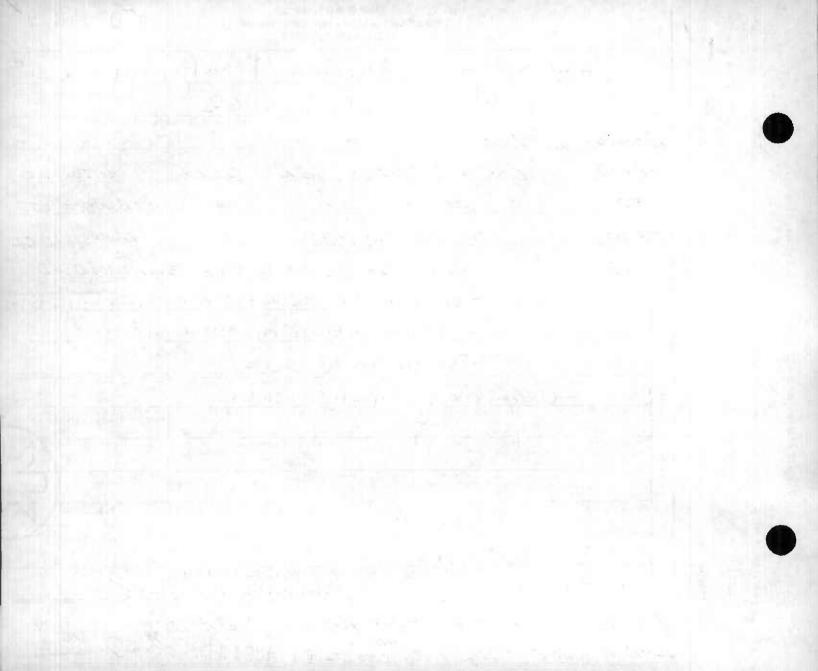
28. DATE OF DEATH MONTH





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5 %	4548 _	23a.B	JRIAL, CREMATIC	ON, REMOVAL 2	3b. DATE	. DI	23c. N	AME OF GE	METERY C	R CREMAT		CITY	CATION	11	cc	YINUC	/ st	ATE
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	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0 9 9 0
	I. DE	CEASED NAME FIRST	MIDDLE LAST	28. DATE OF DEATH MONTH DAY YEAR 26 HOUR
y be		ERNEST	F. RUSS	AUG. 1, 1981 9:50 pm
(mar)	3 SE	×	A RACE S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IS UNDER 1 YEAR IF UNDER 24 JRS MONTHS DAYS HOURS AIN
-: MM/	Jer B	RTHPLACE (STATE OR FOREIGN)	7h CITIZEN OF WHAT COUNTRY?	P BALTIMORE CITY OR COUNTY OF DEATH
1 1 39	C	OUNTRY) M D	MARRIED DIVORCED DIVORCED	BALTO CITY MD.
Sy the fu	10 C	BALTO	IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RALTO. CITY HE SP.	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
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recuted will completely and 2 shown medical examinations.	14. F/	TACCA	ADDLE LAST IS. MOTHER'S MAIDEN N	
rimore, A		VAS DECEASED EVER IN U.S. ARA		RUSS AROVE
DS, 201 W. PRESTON ST requires that the death or signed by the attending ten please remove carbon to burial, cremation, or rety injury, or other traumal	N	Canditions, if any, which gave rise to immediate cause to, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) HY PETTER S (D) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
DING PHYSICIAN: The law ruttending physician. After this certificate has been is the burial-transit permit. The lith and Mental Hygiene prior transked or Item 18 shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
ON OF VITA PHYSICIAN ng physician. this certificat unial-transit is Mental Hygig		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
IVISION C	MEDICAL	216. INJURY OCCURRED WHILE ONGTWHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
OR OR Heal		22a.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not	ral) attended the deceased from, 19, and that in (my) (aur) apinion	, to August, 19 , that (I) (we) last n death accurred an the date and hour and from the causes stated
bept If It		226. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN DE 222. DATE SIGNED DIRECTOR PHYSICIAN DE 222.
TO HOSPITAL. TO FUNERAL IS should be detach with the State DIMPORTANT: I			ERACION SA MO 3401	Dundalk Ave Balla yd 212
BP		BURIAL CREMATION, REMOVAL SPECIFY) BURIAL	8/5/81 MORELANDS	BAKTE COUNTY STATE
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E, MD.	H. FA	THER'S NAME FIRST		MIDDLE		LAST		15. MOTHEI	R'S MAIDE	NNAME	MID	DLE		LAST	*****
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHEECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CIPCE FOR PAGE 3 SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BUILD	73a BI	IRIAL CREMATIO		-		NAME OF CEM		DUKESS			CATION				
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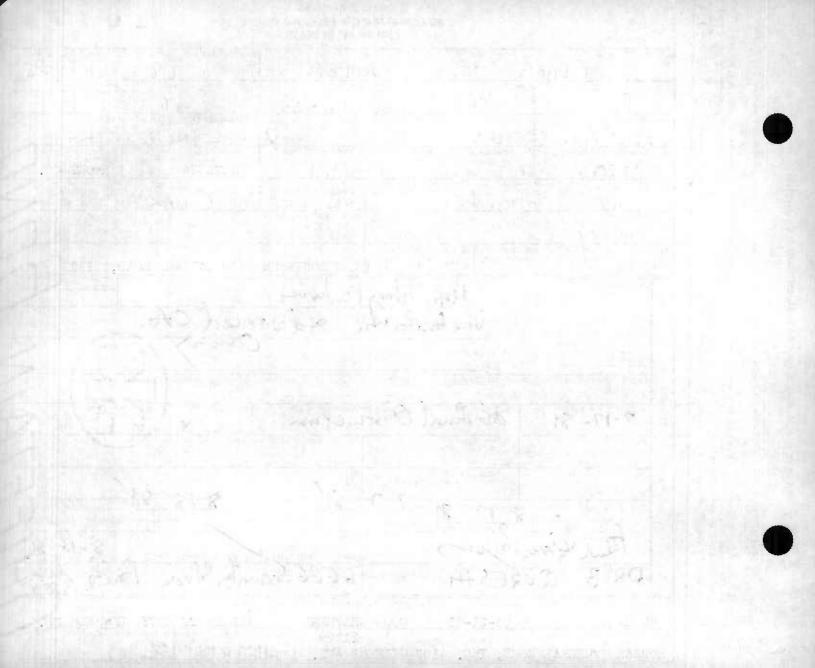
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	-1		STATE OF MARYLAND		
	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	2099
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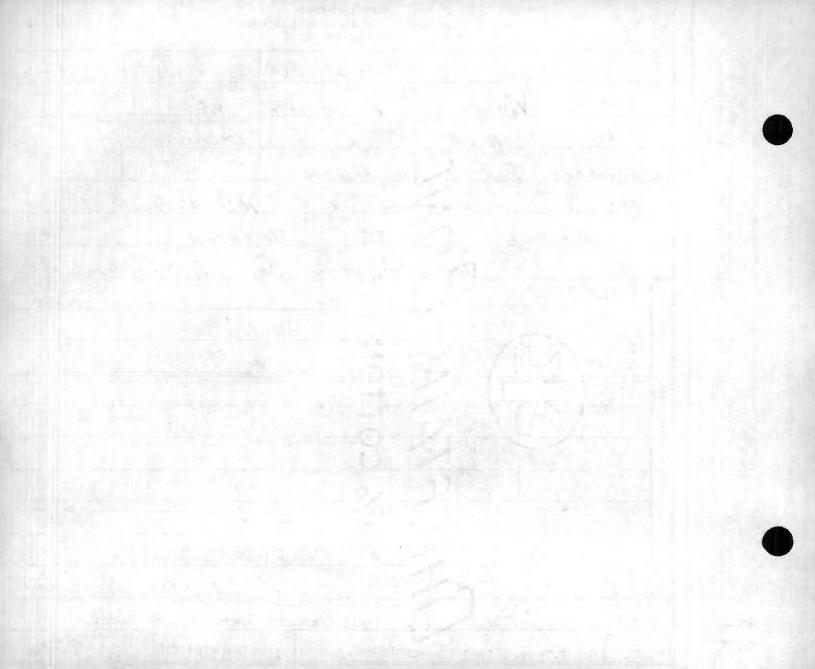
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DHMH-16 30M 2/80 (VRA 15, 4)

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	1	FOR	DEP	ARTMENT OF H	EALTH AND MENTAL H	YGIENE 8	2 0	9 9 4
5	١.	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	2	
		EASED NAME FIRST	MIDDLE	Į.	AST		MONTH DAY YEA	AR · 2b HOUR
	(TYPE	OR PRINT) CLAR	A M.	SA	DLER		08-18-81	1 659 AM
-	3. SE>		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
		F	W	05	- 06 - 34	H.	YRS.	PAYS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY?	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	н
1	M	IARYLAND	U.S.	WIDOWE		/ / / / / / / / / /	ORE Ci-	ty, MO.
21	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI {IF NOT IN SUCH FACILITY, GIVE		ROTHER INSTITUTION	12a. USUAL OCCUPATION		ND OF BUSINESS OR
54	P	ALTO.	BON SECOU		pitAl.	WAITRESS		CHT CO.
1		AL RESIDENCE (IF NURSING HOME OR TATE 131 COUN			13d. INSIDE VITY LIMITS?	13e. STREET ADDRESS		
5		Md BI	Alto, ARBUT	rus	YES NO K	5560 0	AKLAND	Pd.
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN N	IAME		
30		Henry	MIDDLE	FIFEFA	GrAC	WIDDLE	T	UCKER
		AS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE	SS	DC / C
2	{Y	ES. NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	30-5081	KEN ROBINSO	N 5560 OAKLAI	ND ROAD, 2	1227
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		1821	DA	ra Puchel		- 1 C	4	
		Conditions, if any, which	DUE TO OR AS & CONS	3 to	c stav	ancea	10	
		gove rise to immediate	(6)	7,		Ovary		
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEOUENCE OF		/	Zelvo bil	
		PART 2 OTHER SIGNIFICANT O	(c)	TO DE ATH BUT	NOT BELATED TO THE TEL	DANINIAI DISEASE OR CONI	DITION CIVEN IN DAG	T 1/>
	Z	TAKT 2 OTHER STORM TEATH	ONDITIONS CONTRIBUTION	STO DEATH BOT	NOT KEENED TO THE TEL	AMINAL DISEASE OR CONE	THOM GIVEN IN PAR	11 1(0)
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2	CERTIFICATION	7-17-81	mil stena	(U) SF	uctum	YES T NOX	IN CERTIFYING CALL	JSES OF DEATH?
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a		OR CONTRIBUTING CAUSE OF DEA				(61121111111111111111111111111111111111		
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
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		AT WORK — AT WORK —		7.7	181	2/8	- 81	
		22a.1 certify that (I) (this hospi			d that in (my) (pur) opinir	on death occurred on the da	te and hour and from	, that (I) (we) lost
			t) view h) body after death		DEGREE	on dealth occurred on the de		
		11 CKIL	asmino			STAF	F _ 220. D	-18-81.
		22 DUNE ICIANIS NAME (1997 C			PHYSICIAN 22# ADDRESS	DIRECTOR PHYSIC	IAN	110
1		DR B	URESHY		6666 50	aunity Blud	(Bulti	o Mol
-	220 0	URIAL, CREMATION, REMOVAL	23b. DATE	73, NAME OF C	METERY OR CREMATOR	Y 234 LØCATION		21207
	- (SPECIFY)				CITY OR TOWN	COUNTY	STATE
		SURIAL INERAL DIRECTOR	08-21-81	GOOD	SHEPHERD	ATE REC'D. BY REGISTRAR	CITY HOWA	
		NAME	ADD		21229		M CONTRACTOR	TATURE
	HU	BBARD FUNERAL	HOME, INC. 410	O7 WILKE	NS AVE.	WG 1 9 1981	Many ().	22



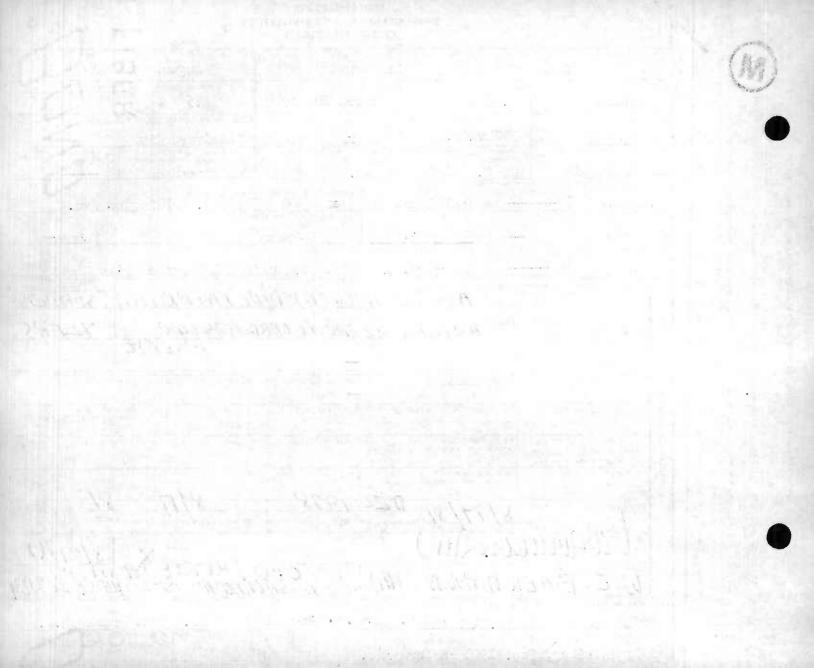
1	1-	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8	20995
noy be page 3 r deoth		CEASED NAME FIRST CHAR		SaH Lander	20 DATE OF DEATH	8 21 81 5.50 PM
Poge 4 m		Male	HITE CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH MONTH DAY YEAR 14 1898	9 BALTIMORE CITY OF	MONTHS DAYS HOURS MIN.
he full with The with The full of the full		TY OR TOWN OF DEATH 11.	U. SA NAME OF HOSPITAL, NURSING (LENOT IN SUCH FACILITY, GIVE STREET AD		BALLIMO, 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	RE CITY MD. 12 KIND OF BUSINESS OR
filled in by the rould be filled filled in fil	JUSU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	BON SECOLAR BER INSTITUTION, GIVE RESIDENCE BEFORE ACT 13c. CITY OR JOWN DAL 44 MA		13e STREET ADDRESS	Fourth Si
campletely I and 2 sh		THER'S NAME FIRST UNKNOWN	DLE LAST	15. MOTHER'S MAIDEN NA	1/ //	LAST
the be executed within 24 hours yician and campletely filled in by paers. Pages 1 and 2 should be fill yol.		VAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE WA	214-20-5	645 JO-ANN BR	107 3/07	California Ave
is that the death certificate ed by the attending physic please remove carbonpape rirol, cremation, or removal.	7	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE CO. Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) Sen DUE TO, OR AS A CONSEQUEN (c)	amonia		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH / W LCL
The low require icion. The hos been sign sit permit. Then green prior to bus shows ony injury.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH O		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN: ding physician physicians buriol-tron Mentol Hy	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b, TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY	211. LOCATION		Y IN ITEM 18 PART I ORPART 2)
L OR ATTENDI the hospital ar L DIRECTOR: A toched for use e Dept. of Heal	W	WHITE NOT WHITE AT WORK 220.1 certify that (1) (Has bacadal) sow the deceased alive an above, (1) (westall) (did not) vi 22b SIGNATURE	0/2/ 19 8	9/3 19 81	10 10	te and hour and from the causes stated
TO HOSPITAL TO FUNERAL should be deter with the Store	20.	22d. PHYSICIÁN'S NAME (TYPE OR PR KUANGT -	YEN HUI	ANG BOW	Secon	us Hospital
802	В	SPECIEY)	100 100	ME OF CEMETERY OR CREMATORY Calvary Cemetery	_	del County, Md.
DHMH-16 30M 2/80 (VRA 15, 4)		. C. March F/H Ir	nc. 1101 E. N. ort		G 2 6 1981	Janes Jan Harthen



ly & Zeiler, Inc. 1901 Eastern Ave.

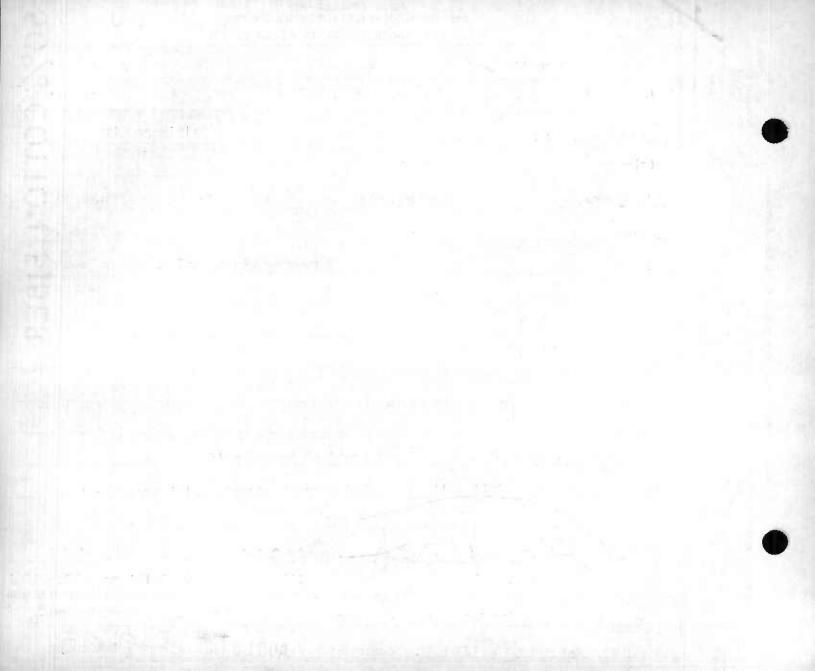
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STATE OF MARYLAND

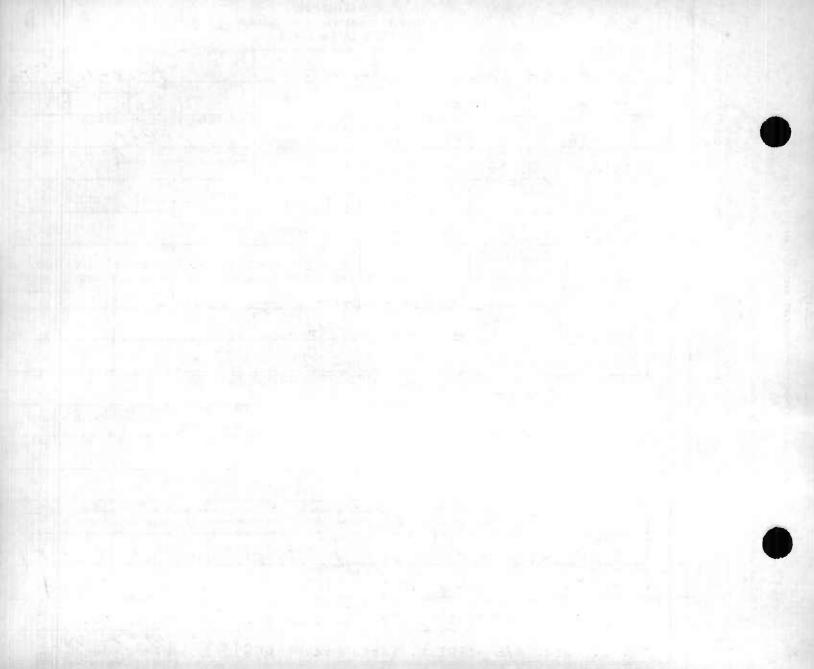


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE KNOWN D DATE (TYPE OR PRINT) 4. IF ANY DELAY IS NECESSARY, PLEASE
2, AND 3, TO THE FUNERAL DIRECTOR.
1.3. RETAIN, PAGE 5 FOR YOUR FILES.
2. SHOULD BEFILED. WITHIN 72 HOURS.
ALRECORDS., 201. WI. PRESTON STREET. OF ESTI-(Darrell) L. Darvl Sampson DEATH MATED 8 81 19 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) Male Black PRONOUNCED 81 48 24 33 YRS DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. DIVORCED Baltimore. Md WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY MOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY CIMITS? 13e. STREET ADDRESS PA 2418 N. Colorado St. Phila: YES 🗌 NO TX Z SH 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME PAGES 1, FORM PM MIDDLE LAST MIDDLE Alice Sampson Kane Harvey FORM 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT T. PAGES 1 DIVISION O 2418 DDRESS Colorado St. (YES, NO, OR UNKNOWN) N/A Mark Sampson Phila., ALONG WI CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED / 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES X NO [E 3 SHOULD BE L 210 EXTERNAL CAUSE WAS 7Th TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING 8 7 1081 subject hanged self CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) 21201 NOT WHILE AT WORK ail AT WORK cel 954 Forrest Street. Baltimore. Maryland TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VECUTE THE CERTIFICATE. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STABALLINGE, MARYLAND, 2 X arge of the remains de 220 | certily that I took Autopsy and in my opinion death resulted fr Undetermined monner TITLE (SPECIFY) ACTUAL Deputy ChiefEDICAL EXAMINER DATE SIGNED 8/8/81 SIGNATUR EXAMINER'S NAME Thomas Smith. M.D 111 Penn Street. Baltimore. MD. 21201 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore, County Cavalry 8/12/81 Mt. MD Burial
24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 254 EGISTRAR'S SIGNATURE **DHMH-17** ADDRESS (VR A15 ME (5)) 1101 E. North Ave. March F/H Wm 15M 2/80

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) W:11: E Mae 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR 1 OR 71 Black Female To BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED X NEVER MARRIED USA GA WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Lutheran Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Baltimore 13e SIRSET ADDRESS Arunah Avenue 13d INSIDE CITY LIMITS? MD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elijah MIDDLE MIDDLE LASHolt Mattie Tunson ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Roddey Sanders 2308 Arunah Avenue N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), by and PART L DEATH WAS CAUSED BY W. PRESTON ST OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a. AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? NO [Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram annut 18 10 and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated nbows. It (we) idid a did not new the bady after death 775 XIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL old be deta the State (DIRECTOR PHYSICIAN MPORTANT. 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS CONDRO 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD Burial 8/22/81 King Memorial Pk. Baltimore Co. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1101 E. North Ave. (VR A 15 (4)) Wm. C. March F/H



	1	cems #2a&22a Fi FOR STATE REGISTRAR	DEP	CERTIFICAT	AND MENTAL HYGE OF DEATH	REG. NO		9 9
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quires that the deat signed by the atter hen please remote a to burial, cremation, jury, or other troum	NO.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DIE TO, OR AS A CON	SEQUENCE OF PREMA	TURITY R	JOS. INAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
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TO HOSPITAL OF HOSPITAL OF FUNERAL DI Should be detoch with the Store De MADORTANI. If H		22d. PHYSICIAN'S NAME (TYPE LIMA T.	ORPRINT) SALCEDO	22e.	ATTENDING PHYSICIAN DADDRESS	MEDICAL STAF	F IAN [
PP	23a.	BURIAL, CREMATION, REMOVA	236. DATE 8/4/81	Crestlaun	ERY OR CREMATORY	MarTiotts	ville Howard	Mt.
DHMH: 16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	*Annua Catao	RESS Mc	250 DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNAT	URE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

YEAR

2h HOUR

20 DATE OF DEATH

FOR

I DECEASED NAME

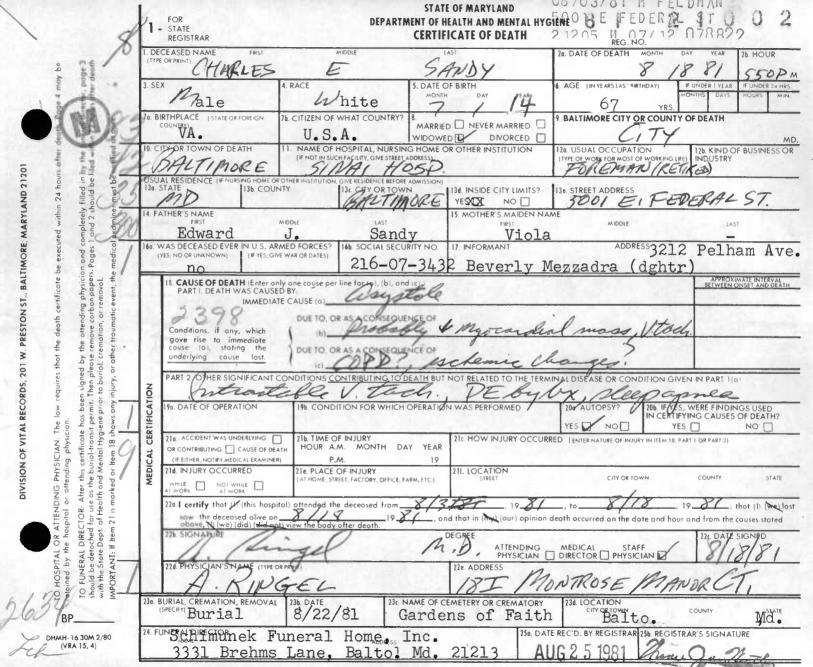
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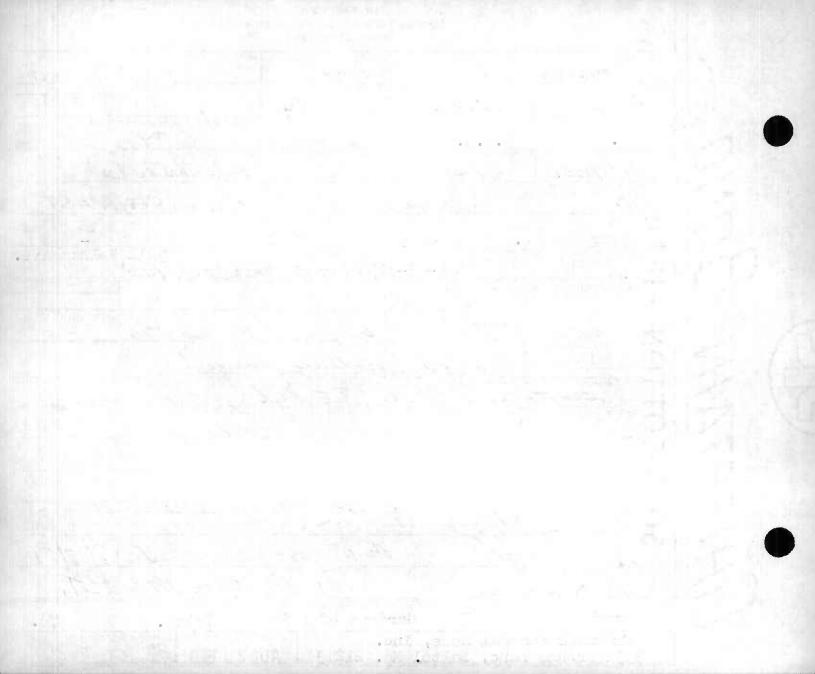
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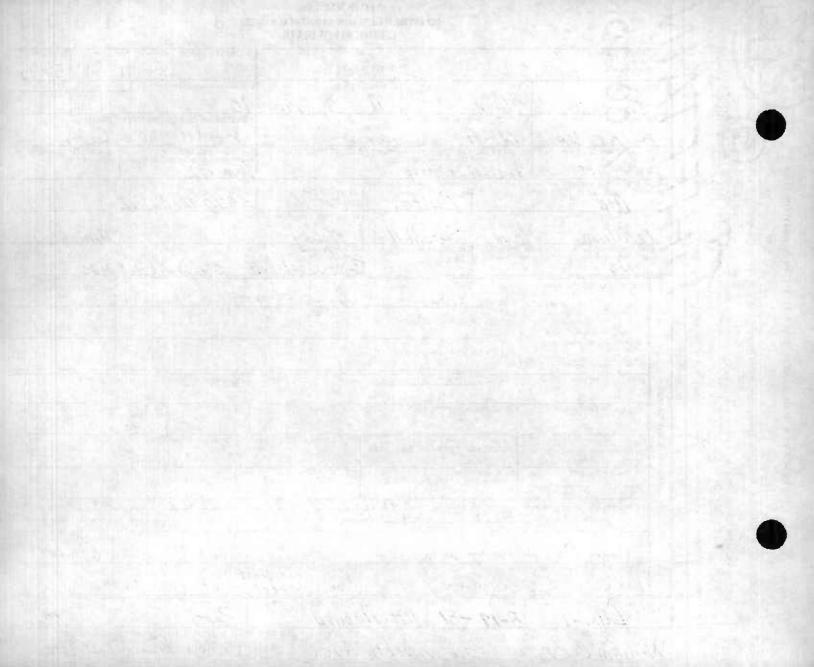




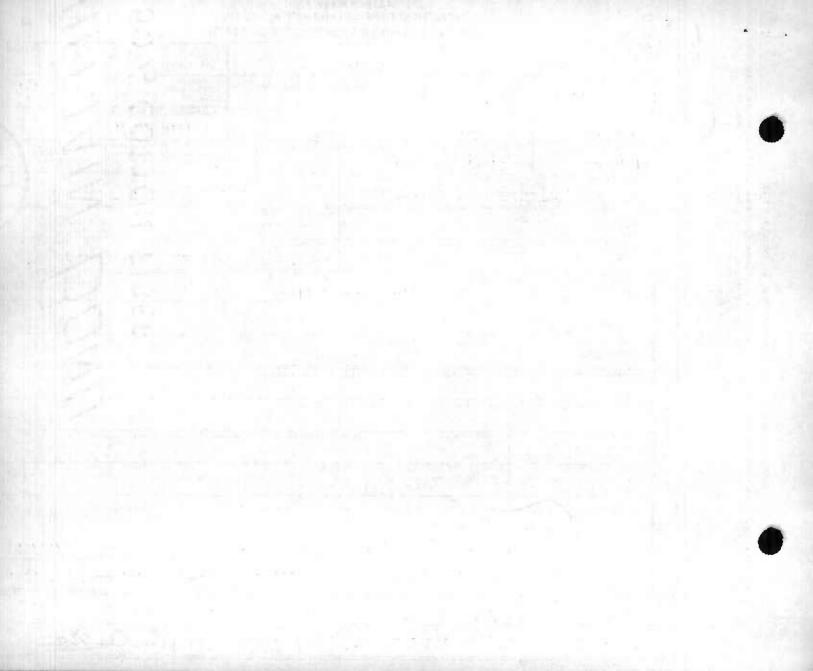
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by the horby the horby the horby the horby the horby the detached by Stote Dept.		226. SIGNATURE	eligi	,	D		ATTENDING Y PHYSICIAN	MEDICAL STA	AFF CIAN [22 () TE	SIGNED
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DHMH-16 30M 2/80 (VRA 15, 4)	24	FUNERAL DIRECTOR SOL	LEVINSON	& BROS.	, INC.	21215		PEC'D. BY REGISTRAL	REGISTA	P'S SICURE	alle

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0 - 0 - 0 -	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
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HOSPITAL ned by the FUNERAL uld be detent to the Store ORTANT:		22d. PHYSICIAN'S NAME (TY	PÉ OR PRINT)	Provident	HOSP	. //
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S S S S S S S S S S S S S S S S S S S	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE 23	L. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY , SIATE,
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(VR A 15 (4))	IV	William C. Be		North AUE. A	UG 17 1981	France Josep Harther
	1	THE THE PARTY	100 10			·



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 20. DATE KNOWN MONTH 2h HOUR V (TYPE OR PRINT) OF ESTI-Jack JRS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5. FOR YOUR FILES. T. PAGES 1 AND 2 SHOULD BE FILED. WITH THOUSE DIVISION ON WITH ECCROS, 201 Satisky DEATH MATED 8 19 19 81 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 14. HOUR DATE LAST BIRTHDAY PRONOUNCED Male White 28,1907 73 YRS AUG. 1981 DEAD 19 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED FOREIGN COUNTRY! Baltimore City DIVORCED MARYLAND WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Sinai MERCHANT Hospita RETAIL USUAL RESIDENCE (IF IN NURSING 13a. STATE COUNTY 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS BALTIMORE MARYLAND 2707 GEARTNER RD. (21209) NO D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE SATISKY MIDDLE MOSES MOLLIE UNKNOWN CATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM ONE PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AN OHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DINSION ON N. WILL STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DINSION ON N. WILL STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DINSION ON N. WILL STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DINSION ON N. WILL STATE DEPARTMENT. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (21209)(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-18-2221 MRS. PEARL SATISKY GEARTNER RD. 2707 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 214. INJURY OCCURRED 21f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BAĻĮMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE 22a I certify that I and day bed above, held on Autopsy Inspection Inquiry and in my opinion death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 8/19/81 Deputy ChiefMEDICAL EXAMINER DATE SIGNATURE Thomas D. Smith, M.D. 111 Penn Street, Baltimore, MD.21201 EXAMINER'S NAME (TYPE OR PRINT) ADDRES 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY BURIAL 8/20/81 BALTIMORE, MD. ARLINGTON CEMETERY BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 DEGISTRAP'S SIGNATUR **DHMH-17** (VR A15 ME (5) 15M 2/80



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	40SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour after death. Tage 4.11	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filment and the best of for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be find within 72 hours than the standard of the best of the buriols.

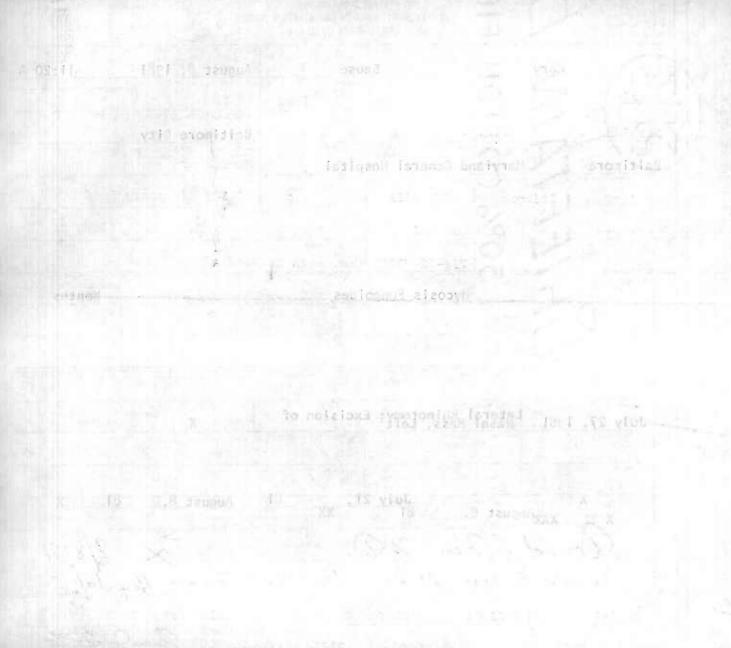
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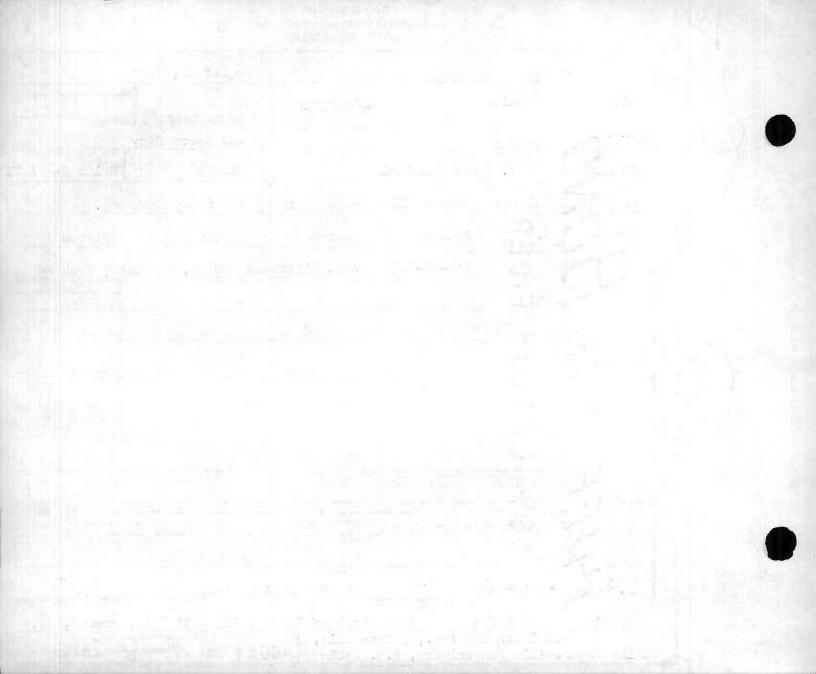
REGISTRAR		MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2 1	007
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Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET, MERCY HOSPITA	1 ADDRESS)		120 USUAL OCCUPATIO		IND OF BUSINESS OR STRY
Maryland B	e or other institution give residence before OUNTY 136, CITY OR TOW. Cockeysv	VN_	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 10928 Pow	ers Ave.	
14 FATHER'S NAME FIRST Edward	J. Sattle:		Mary Ann	WIDDIE	Liber	ctini
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Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



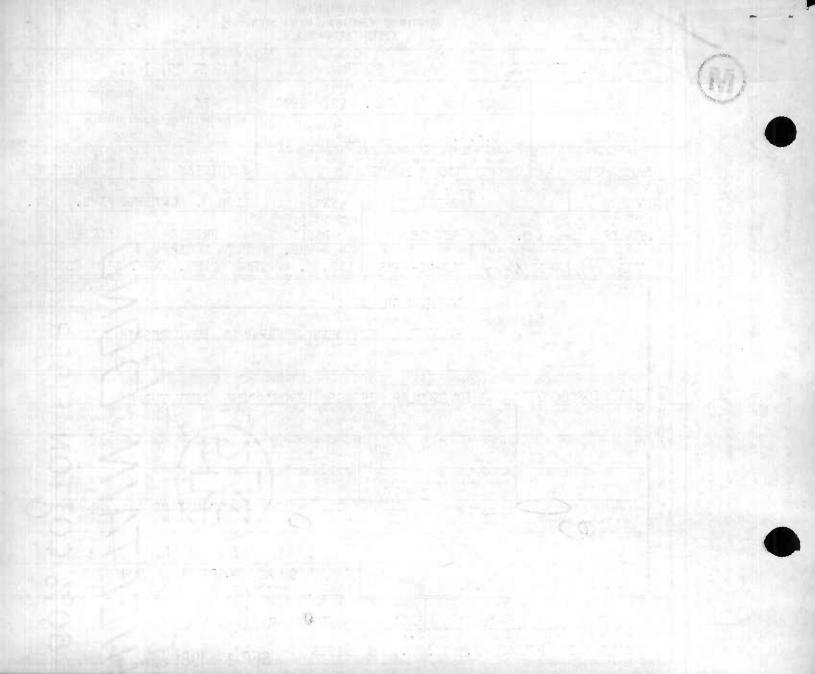


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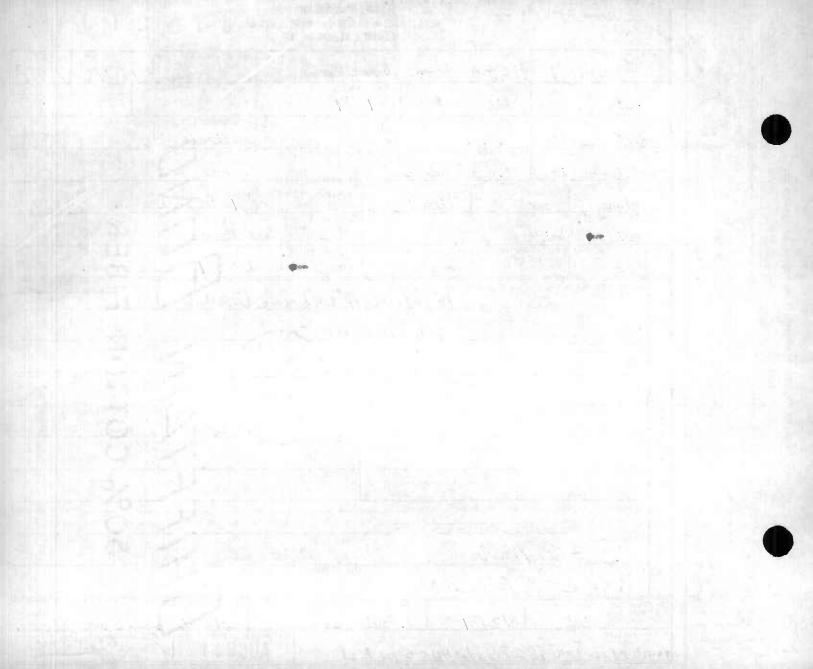
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		REGISTRAR			CERTIF	ICAIE OF DEATH		REG. NO		3 100	71.	
		CEASED NAME FIRST		MIDDLE		AST	20	DATE OF DEATH		YEAR	2b. HOUR	
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	3. SEX	X	4 RACE	0.15.000	5. DATE C			AGE (IN YEARS LAST BIRT	IHDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS	
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10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D XXIEVER MARRIED	9.1	BALTIMORE CITY O	R COUNTY OF C	DEATH		
2		MARYLAND	U.S		WIDOWE	DIVORCED		BALTIMO	RE CITY		M	D.
10	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		B. USUAL OCCUPATION		b. KIND OI	F BUSINESS OF	5
2	1	BALTIMORE		HOME & H		'AL	P	PHYSICIAN	WORKING LIFE) IN		ICINE	
10		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS	co 112.	STREET ADDRESS	#21	1210		
2		RYLAND		BALTIMO		YES XX NO	1	190 W. NO	RTHERN_I	PKWY.	, APT.	81
	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME					_
	N		M.	SCHER		BELLE		FRIEDA	I	BECKE	R	
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				line far (a), (b), and	lici						MATE INTERVAL	=
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		underlying cause last.	(6)	K AS A CONSEQUE	INCE OF	TALLONE			178-4			
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h	CAT	190 DATE OF OPERATION				N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, WEI	RE FINDIN	IGS USED	
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	CER	218. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	V VEAD	21c HOW INJURY OCC	CURRED	(ENTER NATURE OF INJUR	EY IN ITEM 18 PART 1 C	OR PART 2)		_
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		saw the december alive on above, (II for aid Idid no	AUGUST	28,19	81 , at	nd that in (my) our) opin	nian deot	th accurred an the do	ate and hour and		causes stated	
		27h SIGNATURE	BA YIEW THE DOLLY	- /		DEGREE				22c. DATE	SIGNED	
		1 hi- 1 kin	9 1			ATTENDIN	N D D	AEDICAL STAF	IAN []	8-2	8-81	
1		224. PHYSICIAN'S NAME (TYPE)	SHIPET			In ADDRESS		HOSPITAL		TTON		-
/		CHI-SHIANG C	HEN, M.	D.			DADWA			2123	1	
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23t N	IAME OF C	EMETERY OR CREMATO		23d. LOCATION				=
	(:	BURIAL	8-30-			ON-CHIZ ∀ K AM		BALTIMOR		YTAL	MD	
	24 FU	JNERAL DIRECTOR SOL I		& BROS.,	INC.	25e.		C'D. BY REGISTRAR		SSIGNATI		-
		6010 REISTERS		ADDRESS			055	4 4004	~1 (1	one	
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and within	TK, F	BERNARD	J."	SCH	IERMAN	3		MAIDEN NAM IRST ARTHA		NIDDLE		LAST	
be execu-		WAS DECEASED EVER IN YES, NO OR UNKNOWN)			214-01-	URITY NO.	Mus. Cr		Hoffm	ADDRESS	4211	W	Llehin
equires that the death cer n signed by the ottending Then please remove carbo to burial, cremation, ar re injury, or other traumatic e	NO.	Conditions, if ony, v gove rise to imme couse (o), stating underlying couse	which diote the lost.	(b) DUE TO, O	R AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE	JENCE OF JENCE OF 1921	SIDERO SIDERO NOT RELATED T	Heart	· fa	rlens		PART I(o)	
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OR ATTEND e hospital o DIRECTOR: A iched for use Dept, of Heo		22a I certify that (I) (If sow the deceased above, (I) (we) (did 22b. SIGNATURE	olive on_	V	5/24 19		od that in (my) (e		1 2 2	on the date on	2		IGNED
TO HOSPITAL TO FUNERAL should be deto with the Stote IMPORTANT: II		22d. PHYSICIAN'S NAM	9.	YEN	HUA	NG	22e. ADDRESS	BON	DIRECTOR .	leon	4/	Hoy.	1/ Xal
BP		SURIAL, CREMATION, RE		23b. DATE 8-25	781 P		NORE (ZEM.		LTO.	Mp cour		STATE
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e d	H	3. SE	X	4. RACE	10 -1	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
10			Male	White		8/78	2/81 DAY YEAR		YRS.	THS DAYS F	HOURS MIN.
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If Hem			22b. SIGNATURE	201 +		D	EGREE			22c. DATE SIC	SNED
ラー			But Te	Marin	1	m	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗌		
IMPORTANT: #			226. PHYSICIAN'S NAME (TYPE OF	- 4 4	2701		22e ADDRESS				
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W	1.	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 1 () .
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T, po	3. SE	X	4 RACE		5. DATE C	F BIRTH	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
recto		lale	Whi		-	11 24, 1935	46	YRS	
neath. Pe	i	IRTHPLACE ISTATE OR FOREIGH	US		MARRIE		Baltimo		
M 3/	10 C	Baltimore	11. NAME OF BALT	HOSPITAL, NUI uch facility, give si imore C	RSING HOME C IREET ADDRESS) Lty Host	ROTHER INSTITUTION	(TYPE OF WORK FOR MOST C	OF WORKING LIFE) 12b. KIND INDUSTR Const	OF BUSINES
33	130.	AL RESIDENCE (IF NURSING IN LATE IN LA	ome or other institution COUNTY Baltimore	130 CITY OR T	efore admission) OWN 21221	13d INSIDE CITY LIMITS?	32 Orvil	le Road	
mpletely ond 2 sh	14. F.	Robert E	E. L. Schr	eiber, s	Sr.	Anna M.			LAS1
n ond co	160	WAS DECEASED EVER IN U YES, MOR UNKNOWN) (IF Y	Y.S. ARMED FORCES? YES, GIVE WAR OR DATES)			17 INFORMANT Evelyn M. Bla	ADDRI 1zek 2205 M		Rd.2]
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IG PHYSI ottending ter this ce s the buri tond Mei	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFF		21f LOCATION STREET	CITY OR TO	wn county	STAT
ut OR ATTENDING the hospitol or or DIRECTOR: After the order for use of the Dept. of Health is if them 21 is more		22a. I certify that (I) (this sow the deceased of above (I) we (did) (22b. SIGNATURE		and the same of th	9	d that in (my) (ou) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF V M	that (I) (we ne couses state
TO HOSPITAL retoined by the TO FUNERAL should be detroid to with the Stote IMPORTANT: If	230_	22d. PHYSICIAN'S NAME BURIAL, CREMATION, REM	-R/B,	8/2		22e. ADD RESS EMETERY OR CREMATORY	123d LOCATION		
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DHMH - 16 60M 1/75 (VR A 15 (4))	Bm	zdzinski Fun	eral Home	PA 140	Old Ea	stern Ave	G 28 1981	Corres D	4

Language J. L. Comesses, dr.

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8	1.	STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 9 8 CERTIFICATE OF DEATH							
	1.05	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.				
o th		OR PRINT)			20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
may be poge 3		MARY	Anna	SCHKOEDER	AVG	5 81 256 M			
or. p	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
rech		Female	$W_{ m hite}$	9 30 01	80 YRS.				
12 5	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □	BALTIMORE CITY OR COUNT	Y OF DEATH			
-30		aryland	USA	WIDOWED DIVORCED	1) MALTIMOTE	CITY MD.			
		BALTIMONE BALTIMONE	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION (IT ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)				
9	JUSU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		Wash. Tobaaco			
Filled hould bould	Ma	aryland 136. COUN	Baltimo		723 Grundy S	treet 21224			
and 2 shows	14 FA	THER'S NAME FIRST	WIDDLE LAST	15 MOTHER'S MAIDEN I	NAME				
6.5	1		A Schroe		MIDDLE	Weber			
Pages 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	WEDEL			
Pag		No	578-26	-3654 Martha R.	Higgins 723	Grundy Street			
physicia anpopers. emoval. event, the		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), o	nd (CL)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE (0) CONGESTIVE HEART FAILURE							
e attendin mave corb nation, ár i traumatic		7360 DUE TO, OR AS A CONSEQUENCE OF							
emay matric		Conditions, if ony, which gave rise to immediate (b) ATRIAL FIBRILIANION, SICK SINUS SYMPHON							
), crem other		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU						
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A Mentol Hygier or Item 18 show	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19					
and A	WED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
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hed ept tem		226 SIGNATURE	1	DEGREE		224. DATE SIGNED			
0		Ast-	1 Theodorn	ATTENDING PHYSICIAN		8/5/61			
AN		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	1220 ADDRESS	1 ST PAUL PL	100011			
B # 80		C Hins	2417012	Merry II					
S & MA	230 0	URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY		LTIMONE MD.			
	130 6	Burial Burial			CITY OR TOWN	COUNTY STATE			
-	24 51	DUITAL INERALDIRECTOR A	1 0/0/01 Be	lair Mem.Garder		arford Md.			
OM 1/B1 5, 4)		PAME A A	1 Diller Rapport	200 PO 1250 P	ATE REC'D. BY REGISTRAR 256 PG IS	TRAR'S SIGNATUU			
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Dundalk, MD. 21222

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

(VR A 15 (4))

922 Wise Avenue

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO

2b. HOUR

17h KIND OF BUSINESS OR

NO M

Maryland

COUNTY

220 DATE SIGNED

IF LINDER LYEAR

28. DATE OF DEATH MONTH

STATE REGISTRAR		DEFAR	CERTIFICATE OF DEATH	REG. NO.			
DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOL	UR
THE OWNER	HERMAN	D.	SCHULMAN	1 AUG. 21	1981	4:3	OA
SEX	4 RA	CE	S. DATE OF BIRTH 1902	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER	R 24 HRS
MALE		WHITE	NOV. 24 196	0	MONTHS DAYS	HOURS	MIN
BIRTHPLACE (STATE		ITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	NTY OF DEATH		
RUSSIA		USA	MARRIED NEVER MARRIED L	BALTIMORE	CITY		M

BALTIMORE

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION N. CHARLES GEN. HOSP. USUAL RESIDENCE (IF NUR INC. OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

120 USUAL OCCUPATION

MENS 7 SLADE AVE., APT. 114 #21208

#21208

12b. KIND OF BUSINESS OR

14. FATHER'S NAME MORRIS

60 WAS DECEASED EVER IN U.S. ARMED FORCES

SCHULMAN

166 SOCIAL SECURITY NO 216-32-7829

FILLA

15 MOTHER'S MAIDEN NAME

136 INSIDE CITY LINES

SCHNEIDER

MRS. IRENEADSGHULMAN 7 SLADE AVE., APT. 114

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY WITH CARDIO GENIC SHOC DUE TO, OR AS A CONSEQUENCE OF inditions, il ony, which gove rise to immediate couse to stoting the underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

23b. DATE 8/23/81

216. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M.

MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

NO [

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> COUNTY STATE

sow the deceased alive on_ 27b. SIGNATURE

220.1 certify that (I) (this hospital) attended the deceased from obove, (1) (we) (did) (did not) view the body ofter deoth

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

211. LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

PHYSICIAN DIRECTOR PHYSICIAN N.CHARLES GEN. HOSP. BALT. MD. 21210

200 AUTOPSY?

22c DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

24. FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

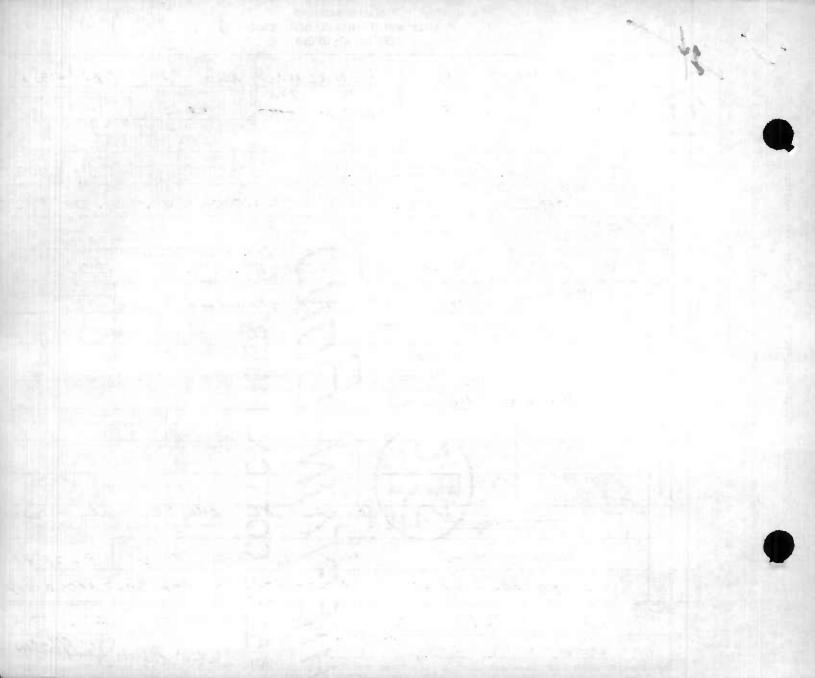
6010 REISTERSTOWN RD.

230. BURIAL, CREMATION, REMOVAL BURIAL

BALTIMORE HEBREW BALTO. MD

21215

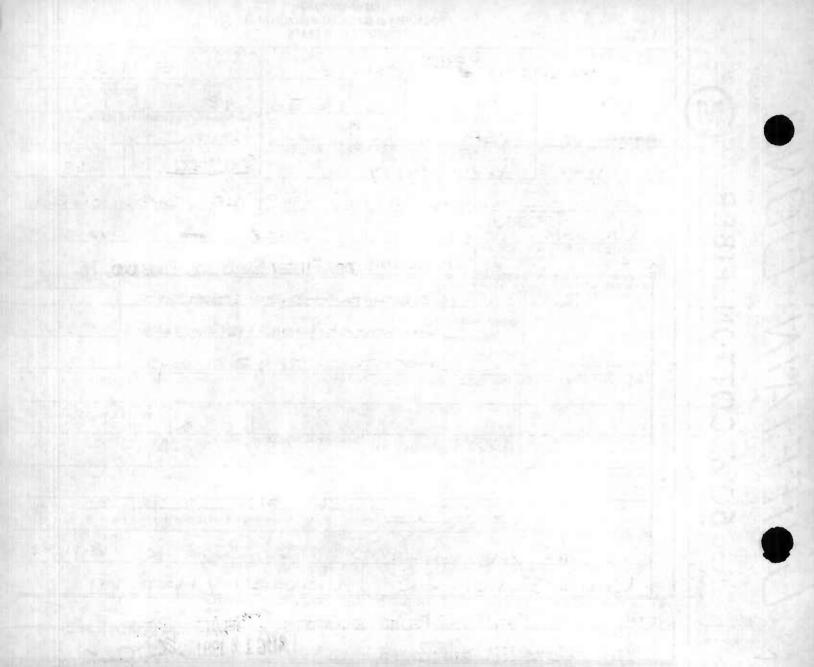
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	1	STATE OF MARYLAND FOR #4 5/26/81 pj STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 2 CERTIFICATE OF DEATH REG. NO.
M to the second		F White MONTH 2DAY YEAR 09 MONTHS DAYS HOURS MIN
er death. Pag e funeral a within 72 hours		SIRTHPLACE (STATE OR FOREIGN COUNTRY) THA U.S.A WIDOWED DIVORCED 18 MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTRY OF DEATH WIDOWED DIVORCED 18 MARRIED 18 M
ithin 24 haurs after or rely filled in by the fi 2 should be filed with inet must be fingthed		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY HOME THAKER HOME THAKE
be executed w and cample Pages and		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 25075 Appoloofa Way 1870 MORE 217-24-90970 Agnes Worth Finks burg, 34 2109
quires that the death certifica signed by the attending phy: hen please remave carbanpal to burial, cremation, ar remavilury, or ather traumatic event.	z	APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARBIO FULLY APPROXIMATE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
he law ree an. t permit. T ene priar t	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIAN: TI othending physicia rer this certificate s the burial-transis ond Mental Hygi rked or frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COUNTRY OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 211. LOCATION STREET CITY OR TOWN COUNTY STATE
TO HOSPITAL OR ATTENDIN TO FUNERAL DIRECTOR. Aft should be detached for use or with the State Dept. of Health IMPORTANT: If hem 21 is more		22a. I certify that (I) (this hospital) attended the deceased from 6/6 19 to 3 19 5/. that (I) (we) los sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 122e ADDRESS
O HOS etained TO FUN with the	1000	HITERY FECOMIAN MERCY HOSPITAL

May bearing The state of the s John Tong Allen Complain Commission 200 marks to the control of th Donal Total Take Catherent Technolis Mill Mil Social for the territory and Abbell 1981 A Table of the

12	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	4
de 3		CEASED NAME FIRST OR PRINT) WILL	FREDERICK	CHUTZ	20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 8 15	A M
	3. SE	m	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DATS HOURS /	HRS MIN.
The state of the s		RTHPLACE (STATE OFFORTION OFFICE OFFI	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH	MD.
s offer a	-	IV OR IOWN OF DEATH ZITING ES	11. NAME OF HOSPITAL, NURSIN		USUAL OCCUPATION 126, KIND OF BUSINESS INDUSTRY OF BUSINESS INDUSTRY OF BUSINESS	_
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completely and 2 sh)	WILLIAM	DERICK LAST	15. MOTHER'S MAIDEN NA	E BURNETT	
be executed and control of the second contro	No.	VAS DECEASED EVER IN U.S. ARI	E WAR OR DATES	4.0.1.	F. SCHUTZ, EDGEWOOD, MD.	
the death certificate be executed within 24 hours the attending physician and completely filled in buremove corbangagers. Pages I and 2 should be fill emotian, ar remavol.		PART 1. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	ecto pulmores	APPROXIMATE INTERVAL BETWEEN ONSET AND DE	Àтн
ed by the please reprind, are other, or other		couse (0), stating the underlying couse last.		SIDE DETRE	INAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
been si mit. The prior to ony inju	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES NO YES NO	?
phy tiffice fi-tro		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	1
DING PHYSIC or attending or attending After this cere os the burial olth and Ment marked or the	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STAT	rE
TEN Intel TOR: or us of He		saw the deceased alive on obove, (I) (we) (did) (did no	tol) ottended the deceased fram		1, ta 9-11, 19-81, that (1) (we death accurred an the date and have and from the couses state	
TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIREC should be detached fwith the State Dept. (MPORTANT: If them?)		22b. SIGNATURE	John	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
O HOSPI TO FUNE should be with the S		220. PHYSICIAN'S NAME (TYPE O	Solomor	UNIVE		
BP	Bu	urial, cremation, removal specify) RIAL		AIR MEM. GARDENS	1238 LOCATION COUNTY STATE	TE
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR NAME OWARD K. McCOMA	S III. ABINGDON		G12 1981	



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//	1	STATE OF MARYLAND
-8	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 4 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
3 (M)		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR MAN SCOTT 8/25/81
oct and	3 SE	MALE BLACK S. DATE OF BIRTH DAY MONTH DAY MONTH DAY MONTHS DAYS HOURS MIN. YEAR THOMAS AND THE UNDER 24 HIPS MONTHS DAYS HOURS MIN.
Jeerth. Po		RTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 1. MARRIED MAR
rs after a by the fu	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (ITYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY)
AND 212 n 24 hou filled in nauld be	USU 13a S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 1170 BRUCE CT
MARYLAND red within 24 ampletely filler and 2 should	IA. FA	THER'S NAME SCOTT 15. MOTHER'S MAIDEN NAME FIRST SCOTT LAST 15. MOTHER'S MAIDEN NAME FIRST TULIE MIDDLE KETTP LAST
be execution on ond co		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-09-3900 John P. Scott 2327 KOKO. Lane.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN: The law requires that the death certificate attending physicion. After this certificate has been signed by the attending physic os the burial-transit permit. Then please remove corbanapope th and Mental Hyguene prior to burial, cremation, or removal orked or them 18 shows ony injury, or other troumatic event, the content of the property of the content of the property of the content of the		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) CARD 10 - RESTIRATORY ARRES DIE TO, OR AS A CONSEQUENCE OF COnditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF UNG DUE TO, OR AS A CONSEQUENCE OF UNG Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF UNG Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF UNG Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF UNG DUE TO, OR AS A CONSEQUENCE OF UNG Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF UNG Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF UNG DUE TO, OR AS A CONSEQUENCE OF UNG Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF UNG Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause lost: DUE TO, OR AS A CONSEQUENCE OF UNG Conditions (c)
RECORDS, 2C law requires in	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL HYSICIAN: The ding physicion is certificate h buriol-tronsit Aentol Hygies Are 18 shape	MEDICAL CERTI	YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES
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OR ATTEN e haspital DIRECTOR, sched for u. Dept. af Hem 21 is		sow the deceased alive an State and the dots after death. 19
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Stote		PHYSICIAN'S NAME NUPEOR PRINTING OHEN, M. D. SECOUS HOSE.
50 JBP		BURIAL REMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY BURIAL STREET, BURIAL 8/29/81 Mt. AUBURN BAHO. MD.
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR 256 DATE REC'D. BY REGISTRAR 256.

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1	1			STATE OF MARYLAND		
1	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		2 1 0 2 5
	1. DE	CEASED NAME FIRST	WIOOFE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
9 9	u	ilhelmina	xxixx "Mirrie"	Scott	8	17 81 5:20 a.
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White		73 Y	MONTHS DAYS HOURS MIN.
20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COU	INTY OF DEATH
-	lio c	TY OR TOWN OF DEATH	AZN	WIDOWED DIVORCE		a MD.
37	1	altimore	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADORESS) Hospital	ON 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK)	
- A	-M2U	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		telephone co.
35		Md B	BALL BALL		- Galas 1111	Nusing Home
E .	14. FA	THER'S NAME FIRST	MIDDLE	15. MOTHER'S MAID	DEN NAME MIODLE	LAST
	-	tex John	Bolton	we Man	4	Long
medicol		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (1F YES, GI	IVE WAR OR DATES)		ADDRESS	
1	K	no l	Max 213-0	3-4927 Walter,	J. Scott 3542 Fou	orth St., 21225
		18 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI	inly one cause per line for (a), (b), t			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a) CARO	IAC ARREST		25 minutes
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fraum		Conditions, if any, which gave rise to immediate	((b) MYOC	andial Infa	uction	
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEO			
, or other		PART 2 OTHER SIGNIFICANT	101		HE TERMINAL DISEASE OR CONDITION	
nlory	Z	Phys. 4	Brot diego	. Diabete U	TE TERMINAL DISEASE OR CONDITION	GIVEN IN PART TIO
ou o	ATE	19a DATE OF OPERATION	19b. CONDITION FOR WHIC		20a AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED
2	Ę	6			YES TO NOT IN CE	RTIFYING CAUSES OF DEATH?
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM	
7		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
7	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION		
	N.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
		AT TORK	ital) attended the deceased from	08 - 17 10	81 to 08 = 17	
		saw the deceased alive or	08-13	-	ppinion death occurred on the date and	, 17 moi (11 (we) 1031
	1	obove, (I) (we) (did) (did no	ot) view the body after death.	DEGREE		22c DATE SIGNED
		Course from	a Com MA	ATTEND		1 09-17-01
-	1	22 PHY CIAN S NAME ITYPE	OR PRINTI	PHYSIC 22e ADDRESS	IAN DIRECTOR PHYSICIAN	00-17-8/
		/		MC D	1 /	
			4 MM LEIN	MD MORCY	Hospital	
		URIAL, CREMATION, REMOVAL	0//0/0	NAME OF CEMETERY OR CREMA	- CITY OR TOWN	COUNTY
	21 =1	Burial		edan Hill Cemete		, A. A. Co., Md.
/81	4.	NERAL DIRECTOR	Balto	1'lle : 6'66)	Sa. DATE REC'D. BY REGISTRAR 255. REC	SISTRAR'S SIGNATURE
	///	dully tuneral	Home 237 E. Pa	tapsco Ave.	AUG 1 8 1981 /	any On My

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDIA 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 3. SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male Black 08 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Maryland S. Baltimore city 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS BUT NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Glass Co. Laborer Baltimore BALTIMORE, MARYLAND 2120 USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto . Md . 21225 136 COUNTY 13c. CITY, OR TOWN 13d INSIDE CITY LIMITS? D. Bridgeview Road Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Sophie Jackson Scribner 17 INFORMANT Balto . MD. ADDRES 21225 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 33 Mrs. Daisy D. Scribner 609 D.Bridge APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) ottended the deceased from sow the deceased olive on_ and that in (my) (our) opinian death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL Burial Mt. Auburn Cemetery Baltimore City, Maryland BP. ADDRESS BALTUING 21216 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) HERBERT E. NUTTER DINERAL HOME 3035 W. MURTH AURIC

Grances

Henry Sander & Sons. Inc., Baltimore, Md.

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DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH LTYPE OR PRINT MARGARET SEALOCK K. 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YERS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR -DAY FEMALE WHITE 04 23 17 64 YRS BIRTHPLACE ASTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. BALTIMORE CITY WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ST. AGNES HOSPITAL BALTIMORE HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3g. STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? BALT IMORE 2203 EDMONDSON AVENUE, 21228 MARYLAND CATONSVILLE

4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST SCHUFF BENJAMIN BABINGTON MINNIE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) RUBY RAYNE 37 N. BELLE GROVE ROAD, 21228 220-16-3577 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE

muocard Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F NOF 71 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION

21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK

22a.1 certify that (1) (this hospital) attended the deceased from

_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

HOSPITAL, 900 S. CATON AVENUE

DIRECTOR PHYSICIAN

MARCIA_GOOD._M.D 230 BURIAL CREMATION REMOVAL 23h DATE (SPECIFY)

23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY CITY OR TOWN

CITY OR TOWN

CREMATION 24 FUNERAL DIRECTOR

FOR

LOUDON PARK 21229

MARYLAND BALTIMORE CITY 25a. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR SIGNALITY

COUNTY

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

09-01-81 ADDRESS HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

1981

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1	1			STATE OF MARYLAND	1 1	1 1 1 1
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R R	3a	THER'S NAME	WITY BALT		130 STREET ADDRESS	IG AVE
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poble of a		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 21628	9773 PATIENTS	Hosp. Chart.	APON'NY INA AYE INDESSOR
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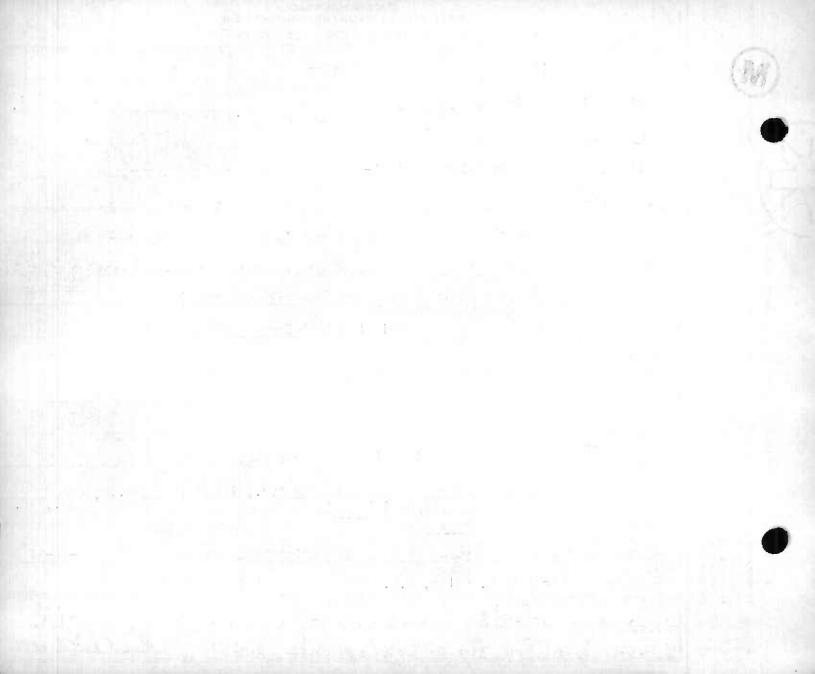
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ALTIMORE, if the be execut sicion and ca pers. Pages of the medical			RMED FORCES? IVE WAR OR DATES)	219 - 22 -9	A	ins. Mary Bo	tteon -	5220 Broo	kwood R	oad-2122
RECORDS, 201 W. PRESTON ST., BA low requires that the death certificate. Ss been signed by the attending physis remit. Then please remove carban pape te prior to burial, cremotion, or remova ss any injury, or other traumatic event, it	Coi go cou und	diditions, if any, which we rise to immediate se iol, stating the lerlying cause lost	DUE TO, O DUE TO, O DUE TO, O CO CO CO CO CO CO CO CO CO	trition	CE OF	T RELATED TO THE TER/		r condition giv	EN IN PART 110	
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263 BP	230 BURIA (SPECIF	Burial	23b DATE 8-13-8		ME OF CEME			Balto. M	COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	John	ALDIRECTOR ME C. Miller	Inc-6415	Belair Ro	pad=212			1981 REGIST	RAR'S SIGNATU	March

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U		STATE REGISTRAR	MEDICAL E	XAMINER'S CERTIFICATE O	OF DEATH REG. NO.	1000					
		EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 25 HOUR					
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2 2 2 E	3. SEX	4. RACE S.	DATE OF BIRTH	6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER LAST BIRTHDAY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR					
ON TOUR		emale Black	8 4 65	16 YRS.	DEAD	8 19 1981 8:40					
L L'REST SERA	7a. BI	RTHPLACE (STATE OR 76 REIGN COUNTRY)	CITIZEN OF WHAT COUNT	MARRIED MEVER MARR							
MAN 8 8 4 7	10.01	TY OR TOWN OF DEATH	MSA	WIDOWED DIVORCE SING HOME, OR OTHER INSTITUTION	DED Baltimore						
PAGE 5 NO THE FU NO THE FUED. OS. 201 W	E	Baltimore	University Ho	REET ADDRESS) DSDITal-STU	FOR MOST OF WORKING LIFE)	OR INDUSTRY					
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JO.		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED B)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
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ANG WOV	2	Canditions, if any, which	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
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TIO		BART 2 OTNER GENERALT CONDITIONS CON	(c)								
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ت <u></u>	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATION WAS PERFORMED?		20 AUTQPSY?					
CRIA	TIFIC					(partial) YESXX NO					
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2	1	AT WORK AT WORK	Home		e., Hillcrest Haht	s. Prince					
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16		death resulted fram. Natural	auses , Accident	X, Suicide , Hamicide ,	Undetermined manner .						
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ZE, A		SIGNATURE UMAMIC	L Alolan	Assistar	MEDICAL EXAMINER	SIGNED 8-20-81					
WOE	-	EXAMINER'S NAME	nia L. Dolan,	M D	III Penn Street						
E C				ADDRESS							
αĵ.	23a. B	JRIAL, CREMATION, REMOVAL 23b.		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE					
-		JNERAL DIRECTOR	25/81 LU	Jash, Vlay X.	REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE					
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STATE OF MAKTLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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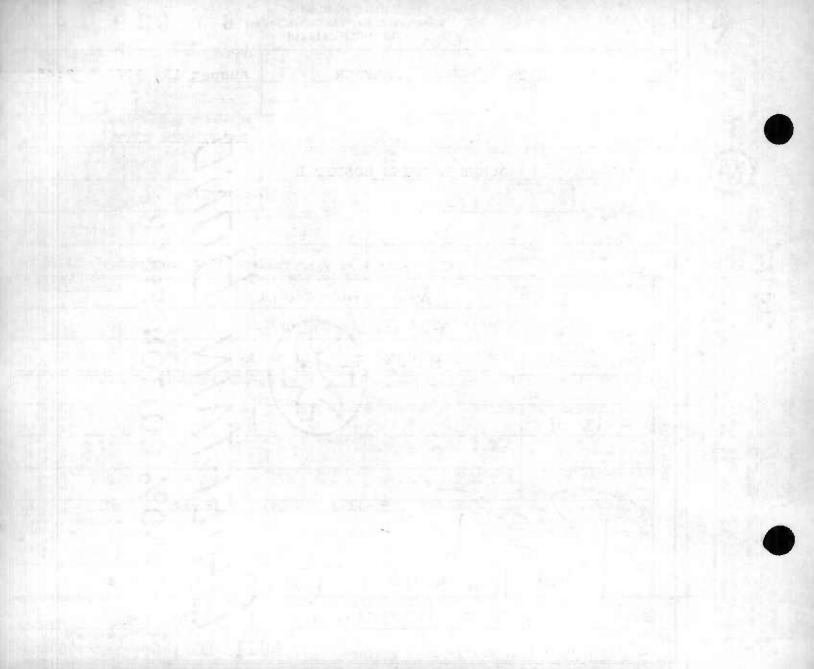
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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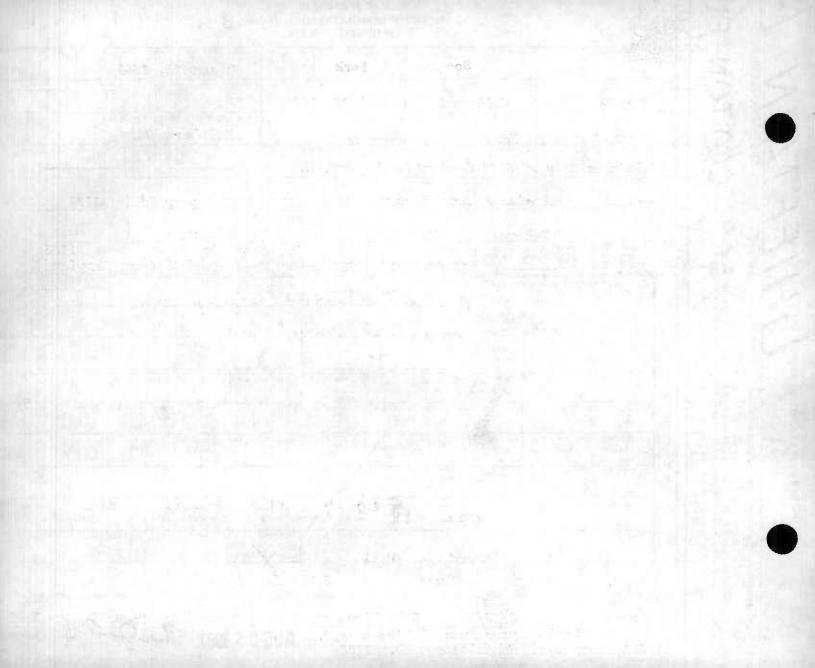
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	1041
	DECEASED NAME FIRST (YPE OR PRINT) Sam	MIDDLE	Since (SIM)	20 DATE OF DEATH MONTH DA August 23, 198	10 11001
3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS
	Female	Oriental	March 15, 1902	79 YRS.	JANUS MIC.
/	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Korea	76 CITIZEN OF WHAT COUNTRY? Korea	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City Baltimore City	
10	Baltimore City	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 5110 GOODNOW)	ADDRESS) ADDRESS) Road Apt. H.	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING (IFE)	12b. KIND OF BUSINESS OR INDUSTRY
2 N	a STATE NA COL Maryland Bal		N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3931 Bryony Road	21133
		nidole last hknown Park		Unknown	LAST
2 160	(YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SECU		Sang Sim ADDRESS Road Randallstown	21133 n, Maryland
CERTIFICATION	gove rise to immediate couse Io1, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206 IF YES.	WERE FINDINGS USED ING CAUSES OF DEATH?
	00.0001701011010 00.00		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION	CITY OR TOWN	COUNTY STATE
	27e. I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did in 27). SIGNATURE	not) view the body ofter death.	DEOREE ATTENDING	death occurred of the date and hour of the date and	, that (I) (we) last and from the causes stated TN. DATE SIGNED
1	Burial CHEMATION HEMOVA	8/25/81 T	AME OF CEMETERY OR CREMATORY ake View Mem. Park Directors, P.A. AU	Sykesville Con	grolly Marylan
31	3728 Liberty Roc	nd Randallstown,	MD. 21133	2 2 5 1981 Many	1



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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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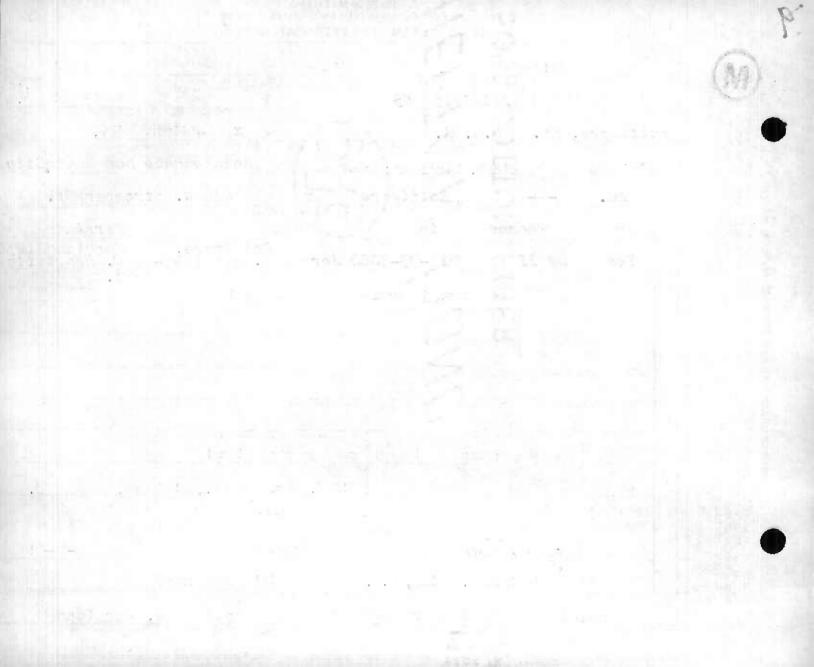
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN K MONTH (TYPE OR PRINT) ESTI-8-9-81 WALTER **JACKSON** SIMMONS DEATH MATED 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 10920 IF UNDER 24 HRS 24. DATE 47 VPS PRONOUNCED 869-81 May 16, 1934 male white DEAD aM To BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED [DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Machinest University Hospital (STU) of Congress Baltimore SUAL RESIDENCE (IF IN NUMBER HOSE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland DUNTY Hyattsville 3d. INSIDE CITY LIMITS? 6013 405 Avenue Prince Geo. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Warren Simmons MIDDLE Sallie Hines 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT NO DECEASED EN 16b. SOCIAL SECURITY NO 90 Sugarland Run Drive (IF YES, GIVE WAR OR DATES) Simmons Warren M. 231 36 8770 Sterling, Va (Father) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE Fractured neck IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF If any, which Conditions. gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD, "PER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF M TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BALTIMORE, MARMAND, 21201 PRIQRETQ BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO 1:40AM 8-7-81 driver of motorcycle lost control CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK D NOT WHILE Oueens Chapel Rd. &Offiver St. Hyattsville, Md. roadway X 220. I certify that I took charge of the remains described above, held on and in my opinion death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 8-10-81 Assistant DATE SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Brentwood Ft. Lincoln Cemetery P GUNT Maryland 8/13/81 Francis Gasch's ons Funeral Home, P.A. Hyattsville, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) 15M 2/80

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	You woy	3 SE		4 RACE	5. DATE OF BIRTH	6 AT (IN YEARS LAST BIRTHDAY)	911				
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	signed hen ple to burio ijury, ar	z		t conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	N GIVEN IN PART 110				
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DI	HMH - 16 50M 1/B1		INERAL DIRECTOR	ELH LIOU E ALA		AUG 5 1981	EGISTRAR'S SIGNATURE				
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14.	FATHER'S NAM	E	MIDDLE		LAST		IS. MOTHE	ER'S MAIDE	ENNAME	. M	IDDLE		LAST	
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CERTIFICATION	190. DATE O	FOPERATION	19b. COND	ITION FOR	WHICH OPER	ATION WA	S PERFOR	MED?	-			_	20 AUTOP	SY?
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		ify that I took charg				Autops)		-		Inquiry		in my op	inion	
1	death resul	rea from: Natu	ral causes 🔲,	Accident	L.J. Sui	cide KX,	Hamie		Undet	ermined mo	nner,			
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1	SIGNATURE	0				M.[. 5 , 411	MED	ICAL EXAM	INER	SIGNE	D	, 01
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24.	FUNERAL DIRE	CTOR John						25 CLOWIE	REC'D BY	REMORA	R 71	RAESS	IGNATURE	
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWNX (TYPE OR PRINT) OF Joseph ESTI-George Sinsky 8 10 81 DEATH MATED SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS DAY YÉAR IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED white male 29 81 7:001 07 DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Baltimore City WIDOWED TX DIVORCED III. CITY OR TOWN OF DEATH 8. GIVE PAGES 1, 2, AND 3 TO THE F WITH FORM PM 3. RETAIN PAGE T. PAGES 1 AND 2 SHOULD BE FILE DIVISION OF WITAL PECORDS, 201 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore City Hospital FOR MOST OF WORKING LIFE) Baltimore Crater Heating Sup. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 100 S. Conkling Street Baltimore NO [Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Sinsky Josephine Lorek James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 7. INFORMANT 100 S. Con Baltimore, Conkling Street Margaret M. Jones, 213-01-4350 WW 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BE USED AS A BURIAL - TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, D BURIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Subdural Hemorrhage IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -KON PRECUTE THE CERTIFICATE, WRITING THE WOR PACE A SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE ATTER BEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BUI 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOURXXX. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR UNDERLYING 8/13 CONTRIBUTING CAUSE OF DEATH 7:30 P.M. 181 fell down stairs at home 21e PLACE OF INJURY JATHOME 71f LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK at home 100 S. Conkling Street, Baltimore, MD 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion Homicide Undetermined manner death resulted from: Natural cas Suicide TITLE (SPECIFY) ACTUAL DATE 8/18/81 Assistant SIGNATURE SIGNED MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto, MD 21201-1095 (TYPE OR PRINT) 23d LOCATION CITY OR TOWN Baltimore 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 8-20-81 Oak Lawn Cemetery Burial Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 23h BEGISTRAR'S SIGNATURE Nicholas T. Matthews, 3021 Eastern Ave., Balto **DHMH - 17** VR A15 ME (5)) 15M 2/80

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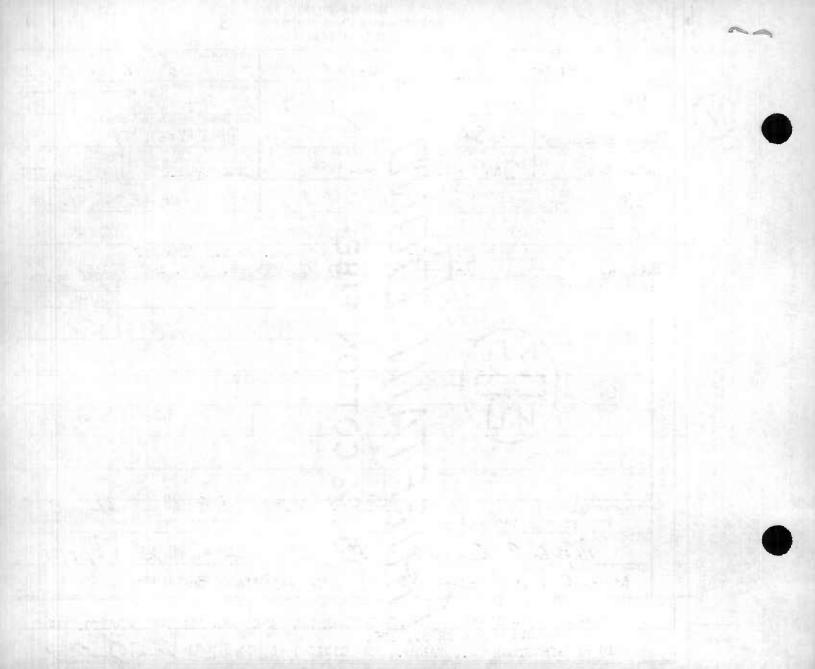
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215



REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNO OF E- (TYPE OR PRINT) LICITIN R CMATLEDS DEATH MA	OWN X MONTH DAY YEAR 26. HOUR
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. I FUNDER 24 HRS. 12. DATE	MONTH DAY YEAR 24 HOUR
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14. FATHER'S NAME FIRST Charles E. Brown 15. MOTHER'S MAIDEN NAME FIRST Charles E. Brown 15. MOTHER'S MAIDEN NAME FIRST Charles E. Brown	Brothers
IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS Druid Park Dr.
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Burial 8/17/81 Baltimore National Cem Baltimor	re, Maryland THEGISTRAR'S SIGNATURE

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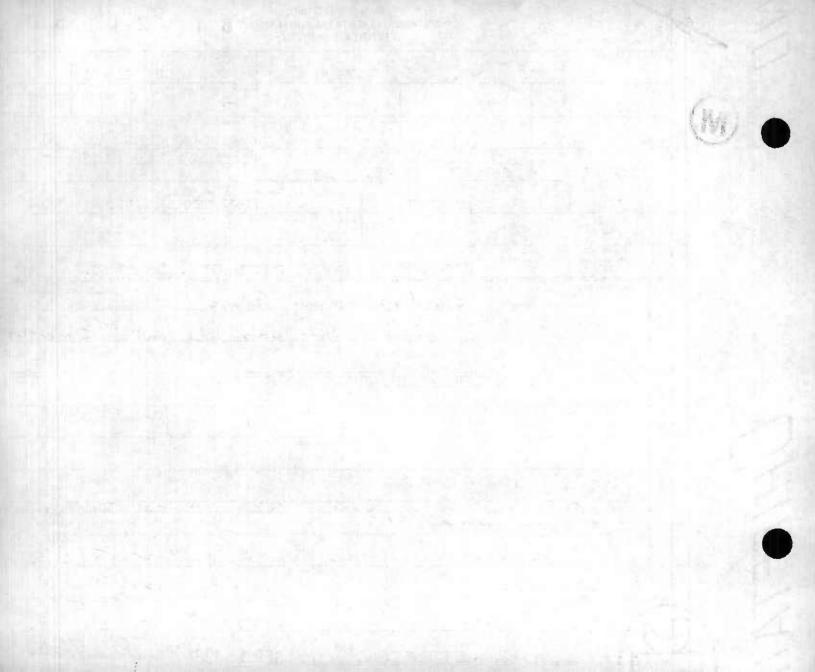
24 FUNERAL DIRECTOR

W.C. MARCH F/H 1101 E. NORTH AVE.

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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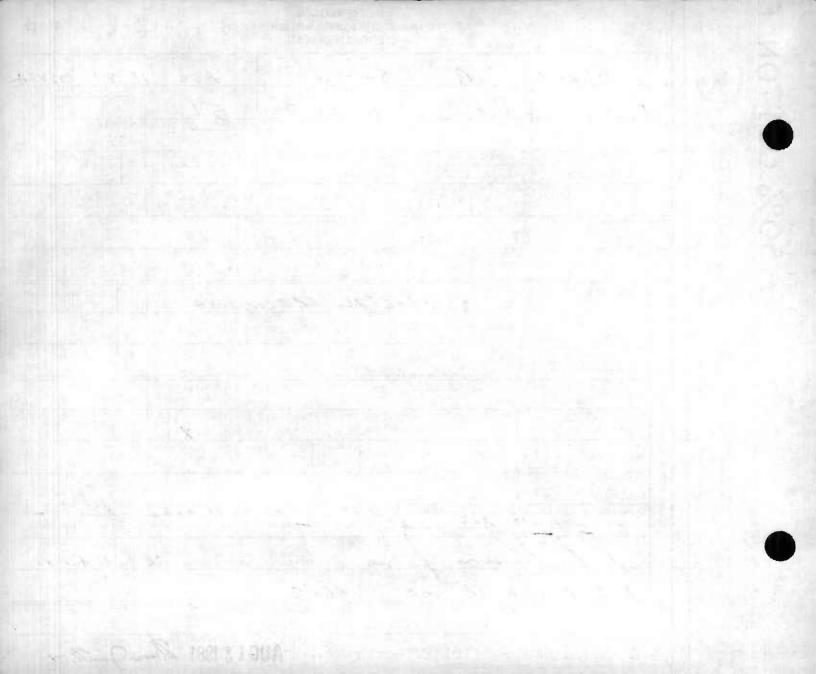
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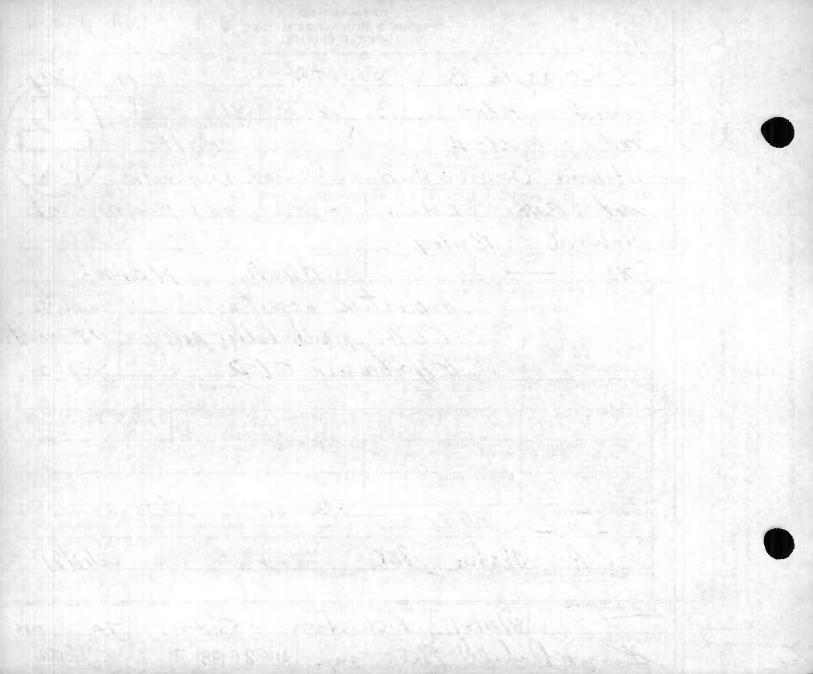


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la-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	1 MARRIED	NEVER MARRI	ED 7	BALTIMORE CITY O	R COUNTY OF D	HTASC	
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90	10 C	34 HD.	11. NAME OF H			in Cent		26. USUAL OCCUPATO TYPE OF WORK FOR MOST OF Stagehand	ON 12 F WORKING LIFE) IN	NDUSTRY	BUSINESSOR
E Z L		AL RESIDENCE (IF HURSING HOME OR STATE 136 COUN		GIVE RESIDENCE BEFORE	N	131. INSIDE CITY LIV	MITS?	3. STREET ADDRESS Apt. 50 Oa	aklee Vi	11age	21229
Xan	14. F	ATHER'S NAME		routers		15. MOTHER'S MAI					
		FIRST	C.	Smith	ATTO	Kath	erine	E .		H	ayman
med T	160. V	Mose vas deceased ever in u.s. ar		166 SOCIAL SECU		17 INFORMANT		ADDRE	SS	_	
at /			E WAR OR DATES)	217-01-	8843	Lucile W	Smi	th Apt. 50	0aklee	Villa	ge 2122
event,						Lacite	· omz				ATE INTERVAL
hysic aper nova		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	1	4.	Pa				2 mg	
mati		IMMEDIA	TE CAUSE (o)	H51000	2/16	n m	ulm	100			
traul	Ł	3320	DUE TO, OR	AS A CONSEQUE		12.			200	5-	
other		Canditians, if any, which gave rise to immediate	(b)	Parking	5005	111500	350			12	417
Į a		cause (a), stating the underlying cause last.	DUE TO, OR	R AS A CONSEQUE	ENCE OF				1 8		
minux.			(Ic)							10107 1	
o Di	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	DEATH BUT I	OT RELATED TO T	HE TERMIN	IAL DISEASE OR CONI	DITION GIVEN I	YPARI IIQ	
ws an	를	19a DATE OF OPERATION	TION CONIDI	TION FOR WHICH	OPERATION	WAS PERFORMED		20e AUTOPSY?	206. IF YES, WE	RE FINDING	GS USED
shows	5	198 DATE OF OPERATION	148 CONDI	HOIVIOR WITHER	OFERATION	WAS TENI ORMEE			IN CERTIFYING		OF DEATH?
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E IN ILIPY		21r HOW IN ILIBY	OCCUPPE	YES NO	YES T	OR PART 21	NO []
or Item 18		OR CONTRIBUTING CAUSE OF DE	110110 4	M. MONTH D.	AY YEAR	THE HOW HAJORT	OCCURRE	P TEMIER HATORE OF INJUR	, or our is, cast I's	yn i mni 4)	
- 1	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P./		19						
marked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET		CITY OR TOW	'N C	OUNTY	STATE
	1	AT WORK AT WORK								-	
1 15		22e-I certify that (I) This hosp	ital) attended the	e deceased fram_	Sent	, 19	78	_ to Derly	, 19		not ML (we) los
E 2		saw the deceased alive an abave, (1) Twel (3) did Hala no	at) view the body	after death.	2/, on	d that in (my) (bec)	apinian de	ath occurred on the do	te and haur and	d from the co	auses stated
=======================================		226 SIGNATURE			C	EGREE				22c. DATE S	IGNED
Ë		David h.	Mias		20	ATTEN PHYS	IDING ICIAN	DIRECTOR PHYSIC		8-3	-57
PORTANT		224. PHYSICIAN'S NAME (TYPE C	OR PRINT)	/		22e ADDRESS					
IMPORTANT: If Ite		David R	Maso	4. 44 /	40	4713	100	As Av.	Arbo	755. a	Mak
<u> </u>	23e	BURIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF CE	METERY OR CREM	ATORY	234 LOCATION			
	1	(SPECIFY) Cremation	8/10/	81	Loudon	Park Cre	emator	Baltimor	e	MTY I	MaryTano
92	24 F	UNERAL DIRECTOR		Baltones 1				REC'D. BY REGISTRAR		'S SIGNATU	JRE
6 25M 4) 1/79		bhard Funeral I	Jamo T-	0 /107 T	Ji Than	e Ave	A	HG 1 0 1981	Trance	0	Marthe
1 71 1110	a m11	DOUTH PHILET A F	TOTAL LIE	La HIVI	TLLCII	D -11 V - 0	1	LUCI II C THE		61	

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STATE OF MARYLAND

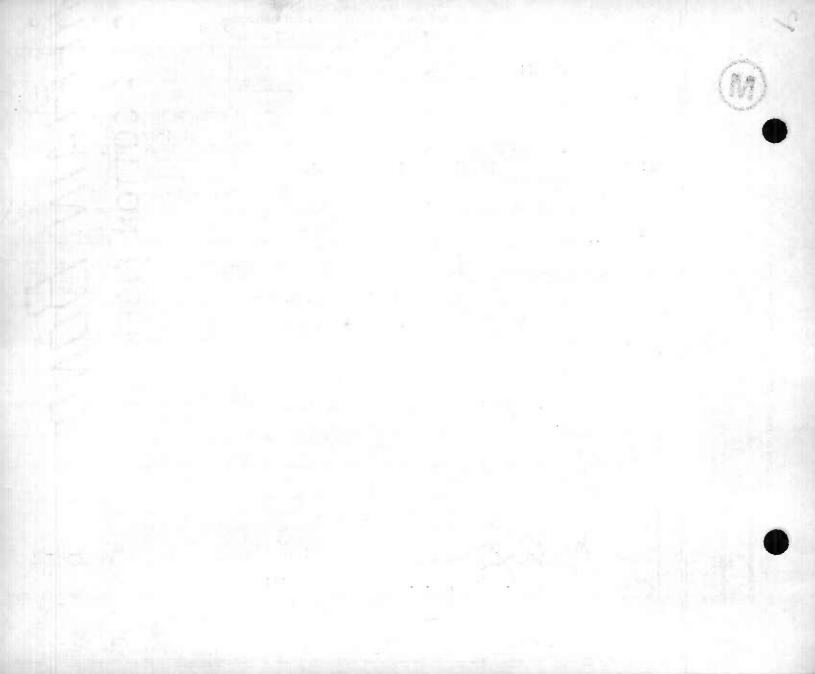




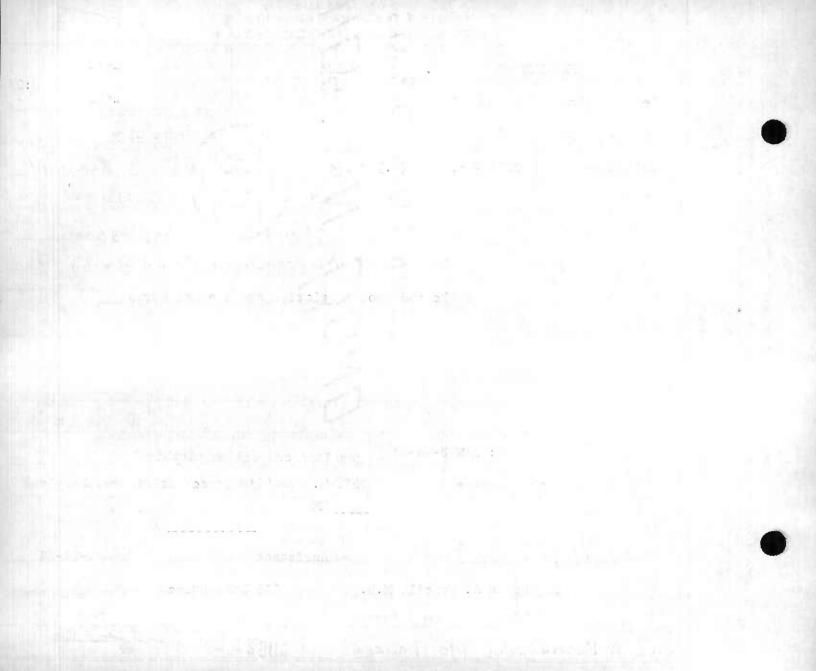
1 1	FOR STATE	DEPARTM	STATE OF MENT OF HEALTH	ARYLAND I AND MENTAL HY	GIENE	2 1	0 5	4
Ľ	REGISTRAR			ERTIFICATE OF	DEATH RE	G. NO.		
	DECEASED NAME FIRST TYPE OR PRINT)	WIDDIE		LAST	20. DATE KNOV OF EST	NN MONTH	DAY YEAR	Zb. HOUR
20	Danie	el Luke		nith	DEATH MATE	ED X	259 8	1^
	Male Black	5. DATE OF BIRTH MONTH DAY YEAR 6 11 1948	AGE (IN YEARS IF UN MONTH	DER 1 YR. IF UNDER 2	4 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH 8	2619 8	12:05 D M
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	2V2 I 1	ED NEVER MARRIE	9. BALTIMORE			II D M
2	Md	USA	WIDOW			re City.		AAD
1	CITY OR TOWN OF DEATH Baltimore	II. NAME OF HOSPITAL, NURS LIF NOT IN SUCH FACILITY, GIVE STRI 6 E. Read Str	ET ADDRESS)	ER INSTITUTION	12a USUAL OCCUPATIO FOR MOST OF WORKING LIE	N (TYPE OF WORK	OR INDUS	
	UAL RESIDENCE (IF IN NURSI ANOME O STATE LINE COUNTY	R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OR TOWN		13. STREET ADDRESS 8709 Fontana	a Tano		
14.1	FATHER'S NAME			15 MOTHER'S MAIDEN	NAME	a Lane		
1	John .	Ma]	ker	Sarah	MIDDLE	LI_1	liday	
1 6a.	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16b. SOCIA	AL SECURITY NO.	17. INFORMANT	ADI	DRESS	TIUdy	7 10
	(YES, NO, OR UNKNOWN) (1F YES, GIVE Y	WAR OR DATES)	/A	Mr. Albert	Mahaffey 8	709 Font		
	18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one couse per line for (o), (b),					APPROXIMA BETWEEN ONS	TE INTERVAL
F.		E CAUSE (o) Cardio	myopathy					
	7007	DUE TO, OR AS A CONS	EQUENCE OF					
-	Conditions, if ony, which gove rise to immediate	(b)						
L	cause (o) stoting the <u>under</u> lying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF					
Z	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART	1 (6).			
CERTIFICATION	190. DATE OF OPERATION	20 AUTOPS	Y?					
FR							YES C	
ER	210. EXTERNAL CAUSE WAS	21 b. TIME OF INJURY	21c HC	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR		1.00
		HOUR A.M. MONTH (DAY YEAR					
MEDICAL	214 INTURY OCCUPPED	21e PLACE OF INJURY	LAT HOME. 21f LO	CATION				
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC) S	TREET	CITY OR TOWN	COL	YINIY	STATE
ł		e al the remains described opov	, held on Autop	y X, Inspection	, Inquiry,	and in my ap	inion	
	death resulted from Natur	alfourer X. Account	Suicide [, Homicide .	Undetermined manner			
		I had not all	4	TITLE (SPECIFY)				
	SKINATURE /	My James	More to	D. Deputy Ch	LENEDICAL EXAMINER	DATE SIGNE	8/26/	18
+	EXAMINER'S NAME The	omas D. Smith,	M.D.	ADDRESS III P		Balto.,	MD.	
23a.	BURIAL, CREMATION, REMOVAL 2	3b DATE 23c NA	ME OF CEMETERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	COUN	ITY	STATE
	Burial	8/31/81 Arb	utus Mem I	Park	Arbutus	COUR		d
24.	FUNERAL DIRECTOR	ADDRESS		25e. DATE RE	C'D. BY REGISTRAR 256	REGISTRAR'S S	IGNATURE	
W	illiam C. March 1		th Avenue	AUG	7 1 1004 7	0.	and.	
177-	TITOM C. POLCH	CALL THAT IS NOT	LT MWCITCO	AU6	5 + 1981 6%	encer La	WIA	Ale

	H X	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		1055
	07 W		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(1939)		EURO	PEAN	SMITH	AUGUST 15, 19	981 10:17P1
ge 4 mg	2 C	7	EMALE	Bhack	5. DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY) OF STATE	IF UNDER LYEAR IF UNDER 24 HRS
0	22		IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIED MEVER MARRIED WIDOWED DIVORCED	- DAT DIMODE C	
THE	1 5	10. c	BA TO	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S THE JOHNS I	IRSING HOME OR OTHER INSTITUTION TREET ADDRESS) HOPKINS HOSPITA	LIVE OF WORK FOR MOST OF WORKING L	12b KIND OF BUSINESS OR
NO STEE	S S	3a	L RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		KE Wood AUGS
DIXON	130	14. F	ATHER'S NAME	MIDDLE Worl Kinst	15 MOTHER'S MAIDE	EN NAME MIDDLE	Readus
0 OC	97 97	160	WAS DECEASED EVER IN U.S. AR.		SECURITY NO. 17 INFORMANT	ADDRESS	10000
DR	10 1/	1	(IF YES, GIV	(E WAR OR DATES) 220	-24-3241 OSCI	AR SMITH 130	3 LAKE Word
BY AMI	physicia on poperti omosodi.	0	PART I. DEATH WAS CAUSE	ily ane couse per line far, (a), (b) D BY TE CAUSE (a)	etable Hyroter	rsièn	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MED MED	ending n. er it	r	4100	DUE TO, OR AS A CONSI		X-011	1/2 hours
100	by the st site names comments other tran	1	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF 1	eu e	721000
S NON	Then pled 10 burin	NOI	PART 2 OTHER SIGNIFICANT C	(6)		E TERMINAL DISEASE OR CONDITION GI	VEN IN PART 1 o
D AS	Zer production	HICAT	90. DATE OF OPERATION	19b CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO NO
CAN The	of transitions and the same talk to	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
RELEA	the bar and Me	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN P	Or spe of Health		22a.1 certify that (1) (this hospir	0/15		ornian death accurred an the date and ha	, 19, that (I) (we) last ur and from the causes stated
OF A	of Digital		22b. SIGNATURE	M deter death.	DEGREE MATTENDI	ING MEDICAL STAFF/	22c DATE SIGNED
HOSPITA Model by	POSTAN		22d PHYSICIAN'S NAME (TYPEO	ROUNCH	22e ADDRESS TOTALS	HORKINS HOSE TA	4
21	P	73a	URIAL CREMATION, REMOVAL	23h DATE 8/20/8/	236. NAME OF CEMETERY OF CREMAJ	1101	CONT D STATE
	H-1650M1/81 VRA 15, 4)	24 F	UNERAL DIRECTOR	ral Home ADOR	304 n. Certical 13	AUG 1 7 1981 256	TRAR'S SIGNATURE

					STATE OF MARYLAND								
X	11-	FOR STATE			MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
		REGISTRAR		ME		NER'S	CERTIFICATE		REG. NO				
		CEASED NAM	E FIRST		MIDDLE		LAST	20. DATE	ESTI-	HTMOM	DAY YEAR	26 HOUR	
Make Chi			Jen	ell A	Atiya		Smith	DEATH	MATED	8	20 1981	M	
	3. SE	Х	4. RACE	5. DATE OF BIRTH	6. AGE (IN			R 24 HRS. 2c. DATE		MONTH	DAY YEAR	2d HOUR	
C Z Z	F	emale	Black	5 8	81	YRS. 3	HS DAYS HOURS	MIN. PRONOUN DEAD	ICED	8	20 1981	10:45	
STOTE STOTE	70 €	IRTHPLACE (S		76. CITIZEN OF W		10		9. BALTIM	ORE CITY O		Y OF DEATH	1 p am	
SERVICE SERVICES		Md.		U.S.	Α.	WIDOV	IED NEVER MAR	CED DI Ba	Itimor	e Ci	tv		
Z Z S S S	10.0	ITY OR TOWN	OF DEATH		PITAL, NURSING HO						126. KIND OF BU	JSINESS	
MD. 21201 H. IF ANY DELAY BINE 1, 2, AND 3 TO THE FUN 3, 2 SHOULD BE FILE 72 SHOULD BE FILE 17 A SHOOLD BE FILE 17 A SHOOLD BE FILE 18 A SHOOLD BE		Baltimo	re	(IF NOT IN SUCH FA	timore Cit		oitals	FOR MOST OF WOR	KING LIFE)		OR INDUST	RY	
S S S S S S S S S S S S S S S S S S S					VE RESIDENCE BEFORE ADMI		311015						
21201 AND 3 AND 3 RETAI HOULE	130.	STATE	DILCOUN	ITY	Baltimo		13d. INSIDE CITY LIMITS?	13 STREET ADDRE	Stepre	con	S+		
STORY STORY	7	Md.			Par CIMC	Te	YES 🔼 NO		TICL	3011	DC.		
E. ME ST. 2 ST. 2 VID2		ATHER'S NAME		G.	Smith		Ruby	AA AA	IDDLE		LAST		
DEA PESSON		ndrew						Ma		Bu	chanan		
TIMOR TER DE FORM ES 1 A ON OF	160.	WAS DECEASE YES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECUE	ITY NO.	17 INFORMANT		ADDRESS				
BALTIMORE, MD. JRS AFTER DEATH. IF SIGNE PAGES 1, 2, WITH FORM PM 3, T. PAGES 1 AND 2 SI DIVISION OF WITH.		No			N/A		Ruby Ma	e Buchana	an 241	13 J	effers	on St	
WI WI		18 CAUSE C	OF DEATH (Enter or	ily one cause per line	for (a), (b), and (c).)						APPROXIMAT BETWEEN ONS	E INTERVAL	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN TIEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURAL—TRANSIT PERMIT. E PEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PARTIDE	EATH WAS CAUSE	TE CAUSE (o)	Sudden Inf	ant De	eath Syndr	ome		137			
STO STO		179	XO		AS A CONSEQUENC	E OF					1/4,-		
PRES THIS SEN			ns, if any, which								150.7		
W. WEN		couse (a	couse (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF										
N. WELL		lying cou	use last.	(()							1.73		
AAL BALL	OTA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
TECORDS. D BE EXECTION MEDICAL AS A BUING. REALTH AN CREMATI	Z				out were the to	AMILIANE OLIVERS	L ON CONGINION ON THE IN I	ART TO					
L RECOR ULD BE D "PENDIN FF MEDIC ED AS A I HEALTH.	CERTIFICATION	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 ALITOPSY	2	
SHOULD SH	5												
DIVISION OF VITAL RESTRICTED TO THE CHIEF WEET SHOULD THE WEED TO THE CHIEF WEET SHOULD BE USED A EDEPARTMENT OF HEED OF PRIÇET TO BURIAL, CONTRACTOR TO SHURLING THE CHIEF WEET SHOULD BE USED A	4 5	21g EXTERNA	AL CAUSE WAS	21b. TIME O	INTITIPY	1214 H	OW IN ILIPY OCCUPE	PED JENITED NATURE OF IN	ILIDY IN ITEM 19 8	ART LORBAL		NO []	
THE THE TOP TO THE TOT TO THE TOP TO THE TO	3 2	UNDERLYING	GOR	HOUR A.M	MONTH DAY YE	AR	OW INJORT OCCORP	LED TENTER INCIDER OF IN.	OK! IN HEM 10 F	ARI I OR FAI	(12)		
SOR HOLD	MEDICAL	21d INJURY	NG CAUSE OF		DF INJURY (AT HOME.	214 (0	CATION						
DIVIS RITIN REDED CR 3 S CR 2 S CR 2 S CR 2 S	A 25	WHILE -	J NOT WHILE I		TORY, FARM, ETC.)		STREET	CITY OR TO	WN	cou	JNTY	STATE	
AAAKE 2		AT WORK	AT WORK										
ME ST		22a. I certi	ify that I took char	ge of the remoins des	cribed abave, held or	Autop	sy XX, Inspect	on , Inquiry	and	in my op	inion		
M S T C E N		death result	red fram: Natu	ral causes XX,	Accident	Suicide	. Homicide	Undetermined mo		, .			
EXAM CERTII DIREC WITH WARY			h .	0-			TITLE (SPECIFY)						
A STATE OF THE STA		ACTUAL SIGNATURE	MALA	(XXXX			Assistan	†	10 (EB	Buchanan RESS 2413 Jefferson St APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES XX NO M 18 PART 1 OR PART 2) COUNTY STATE and in my opinion DATE SIGNED 8-21-81			
SET SET SE		SIGNATURE	Y har	10	TATE VA		1.0,	MEDICAL EXAM	INEK	SIGNE	D		
MED WED	2	EXAMINER'S (TYPE OR PRI	NAME A	nn M. Dixe	on. M.D.			I Penn Str	eet				
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PATER DEATH, WHITHER BALLIMORE, MARYLAND, S.	230		TION, REMOVAL			EMETERY	ADDRESSOR CREMATORY	23d. LOCATION					
	230.	SPECIFY					Cemetery	Baltim	020	COUR			
O/OBP	74	I.Buria	CTOR	8/24/81	par crim	010				TRAR'S S			
000 SDHMH-17		NAME		/LI The	1101 5	Nor+1		UG 2 1 1981	Bank	0	11.71		
(VR A15 ME (5)) 15M 2/80	WII	i. C. I	raten F	/n Inc.	1101 E.	MOT CI	Avd. H	UG & T 1301	7,000	1		V12	



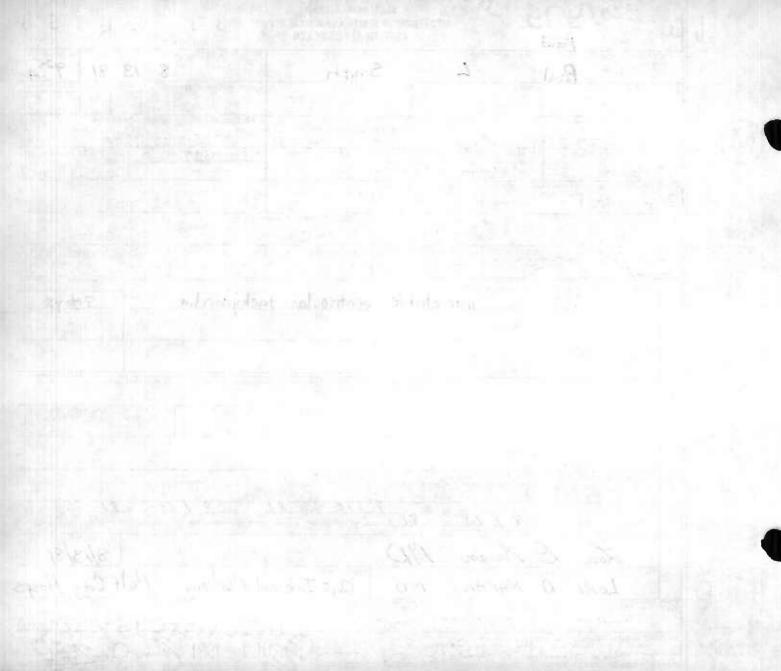
12/	FOR - STATE REGISTR	AR	ME		T OF HEALT	MARYLAND H AND MENTA CERTIFICATI	U	H REG. 1	2	0 5	7
	DECEASED (TYPE OR PRINT)			MIDDLE	1	LAST	2 a.	DATE KNOWN	MONTH	DAY YEAR	2b. HOUR
		KENNE		W.		MITH		DEATH MATED	□ 8-2	24-81b	M
1	male	black	5. DATE OF BIRTH	YEAR LAS	E (IN YEARS IF L T BIRTHDAY) MOR		DER 24 HRS. 2c. 5 MIN. PR	DATE ONOUNCED DEAD	M.G.T.T.T	24-81 ₉	8:129° a M
K	BIRTHPLACE		76. CITIZEN OF W	HAT COUNTRY?	8. MAR	RIED NEVER MA	ARRIED	BALTIMORE CITY Baltimore	_	TY OF DEATH	
410	CITY OR TO	own of DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET A	HOME, OR OT	THER INSTITUTION	12a USUAI	OCCUPATION (T of working life)	TYPE OF WORK	BRICK Y a	
13	SUAL RESIDE	NCE (IF IN NURSING HOME O	DR OTHER INSTITUTION, C	13c. CITY OR TO	NWC	13d INSIDE CITY LIMIT	13e STREET	ADDRESS			
	FATHER'S I	A	MIDDLE	mith		15. MOTHER'S MA Beatr	AIDEN NAME	MIDDLE	11	LAST	
16	(YES, NO. OR	EASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIALS		17. INFORMANT		ADDRES	ss C		-C
-	TIB. CAL	JSE OF DEATH (Enter on			-2927	MRS. ION	ADMITI	4 33161	W. FRA	APPROXIMATI	
	go cau lyir	nditians, if any, which we rise to immediate use (a) stating the undering cause last.	(b) DUE TO, OI	R AS A CONSEQU	ENCE OF	inhalatio					
		INER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEAT	BUT NOT RELAIED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN I	IN PART 1 (0)			William St. Patent	
	190. DA	TE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED?				20 AUTOPSY	? NO []
		ERNAL CAUSE WAS LYING SOR IBUTING CAUSE OF	DEATH 8:15	MACHTHANAY	YEAR	HOW MJURY OCCU					
	214 IN I	URY OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY (AT I	IOME. 21f. L	ocation 16 W. Frai				e, Maryl	anď
	22a.	I certify that I took charge resulted from: Natu	ge of the remains de ral causes ,	scribed abave, he Ackident ,	Suicide	, Hamicide TITLE (SPECIFY	Undetern	ined manner X			1
1	EXAMIN (TYPE O	VER'S NAME R PRINT) Mar	garita A	. Korell	. M.D.		111 Penr				
L	(SPECIFY)	REMATION, REMOVAL	8-29-8	1 Md		OR CREMATORY A Mempk		REL	cou	Md. st	TATE
2	FUNERAL NAME	A. MORTON	1 Sons		AUREN.	S 250. DA	UG 2 5 1	GISTRAR REC	GIS (A) S	THE RELEASE	
								a see that	M. A. M. Stands	eversions or	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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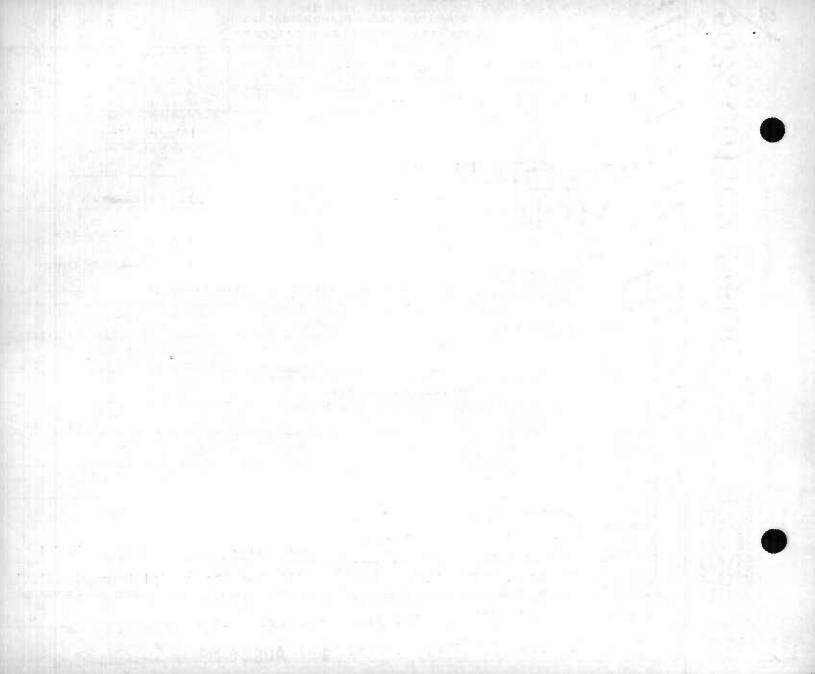


DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-8-31-81 DEATH MATED REGINALD Michael Michael SMITH 6. AGE (IN YEARS | IF UNDER 1 YR. Pd HOJIR S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 8-31-81 male black 195 DEAD a M 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED NEVER MARRIED K OREIGN COUNTRY) Maryland Baltimore City DIVORCED WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION University Hospital Clerk Baltimore Super-Pride Da. SIREEI ADDRES Baltimore, Md. 21223 SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore 13d. INSIDE CITY LIMITS? 113b. COUNTY 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Smith Dunton Dorothy Male ADDRESS Md . Baltimore ADDRESS Md. 21223 Dorothy M. Smith 513 N. 166. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Gunshot wound of abdomen MMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES X NO T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 11:00PM 8-30 -81 UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH subject shot by assailant(s) 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN Baltimore, Maryland 222 N. Monroe Street WHILE AT WORK street EXECUTE THE CRITIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PATER DEATH, WITH THE STABLE MARYLAND; 2 22a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Homicide K Accident Undetermined monner death resulted from: Notural causes TITLE (SPECIFY) SIGNED 8-31-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 73c. NAME OF CEMETERY OR CREMATORY 9/3/81 Baltimore Cemetery 24 FUNERAL DIRECTOR DHMH-17 (VR A15 ME (5)) ISM 2/90

STATE OF MARYLAND

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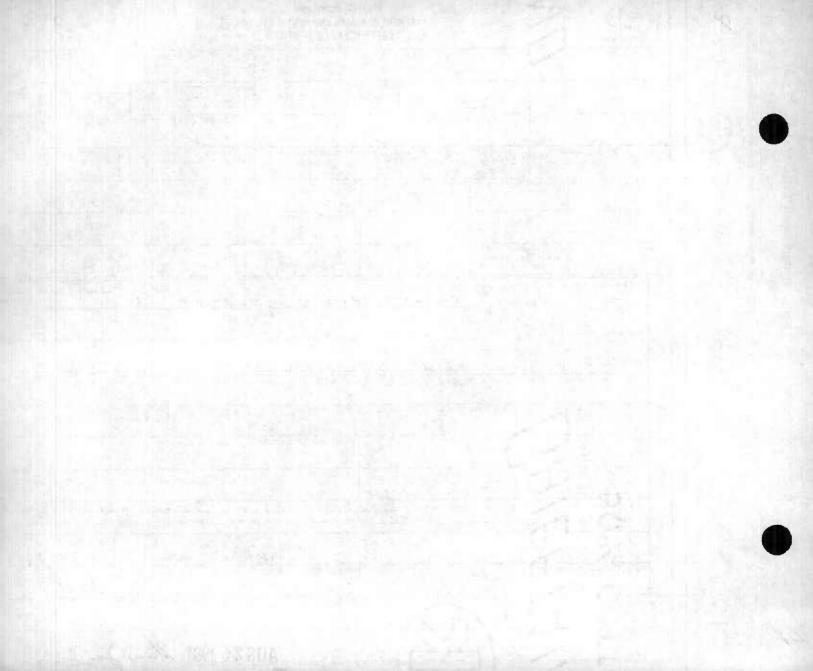
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STATE OF MARYLAND



G. Truman Schwab 3512 Frederick Ave. Balto. Md.

FOR

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DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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John . Trong

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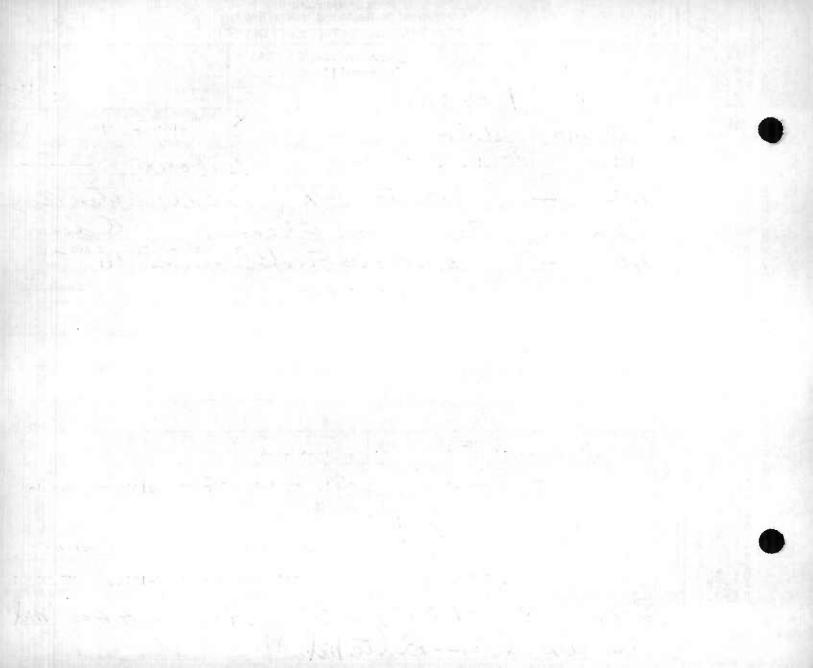
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2		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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2 # 3 % 4 m -		SIGNATURE /	M. Deputy Chief MEDICAL EXAMINER SIGNE	8/5/81
OF THE STATE OF TH	13	EXAMINER'S NAME Thoma	s D. Smith, M.D. ADDRESS 111 Penn Street, Baltimon	e MD 21201
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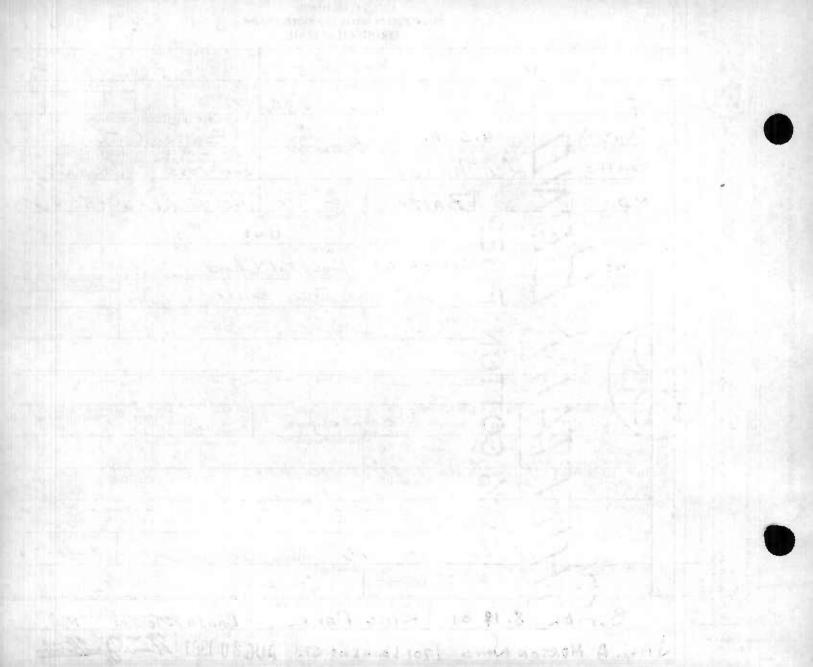
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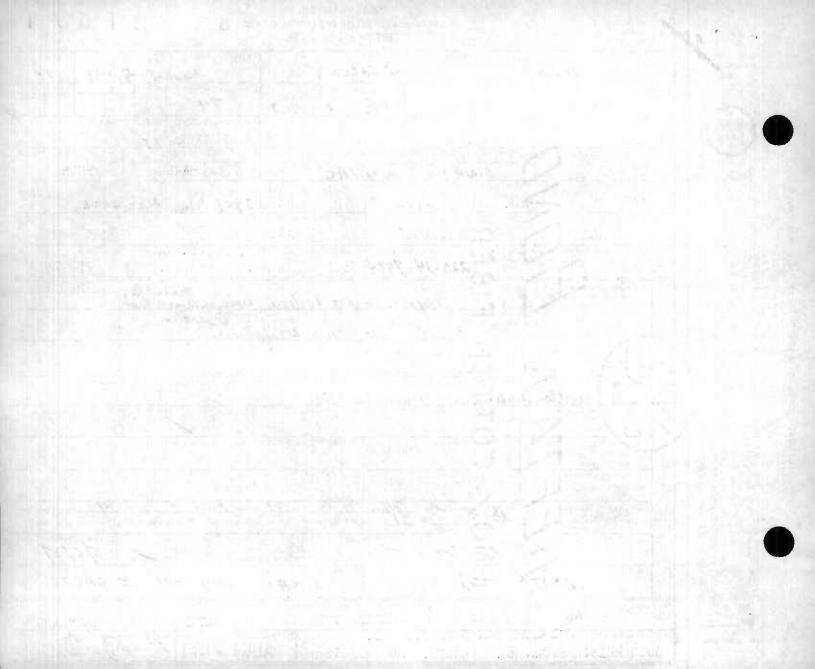
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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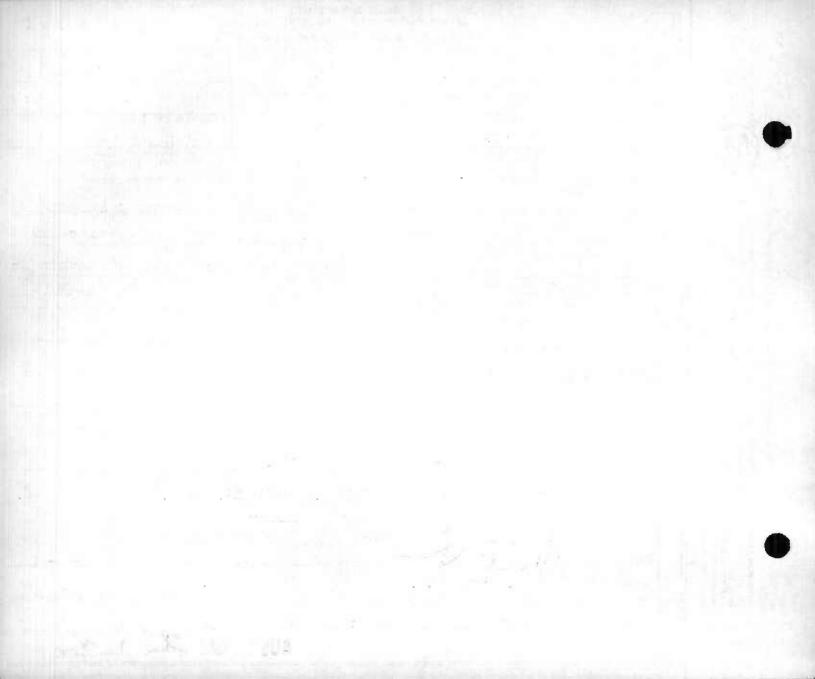
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220.1 certify that (1) (this haspital) attended the deceased from	0	M		(AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE
Saw the deceased alive of above, (I) (we) (didy did not) view the body after death. 27b. SIGNATURE DEGRE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR D	a a			nitel) essential de dese	had from	12/80/	81.	10	.1	
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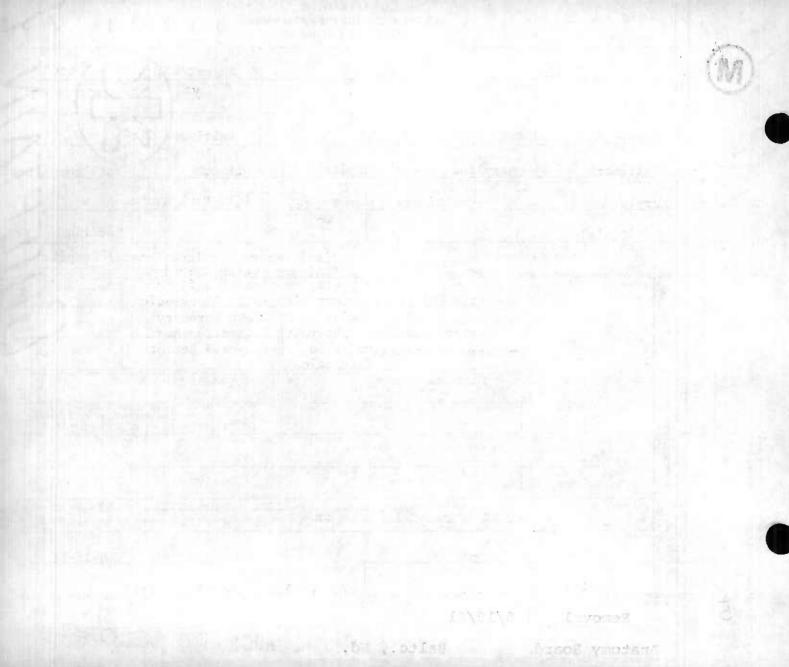


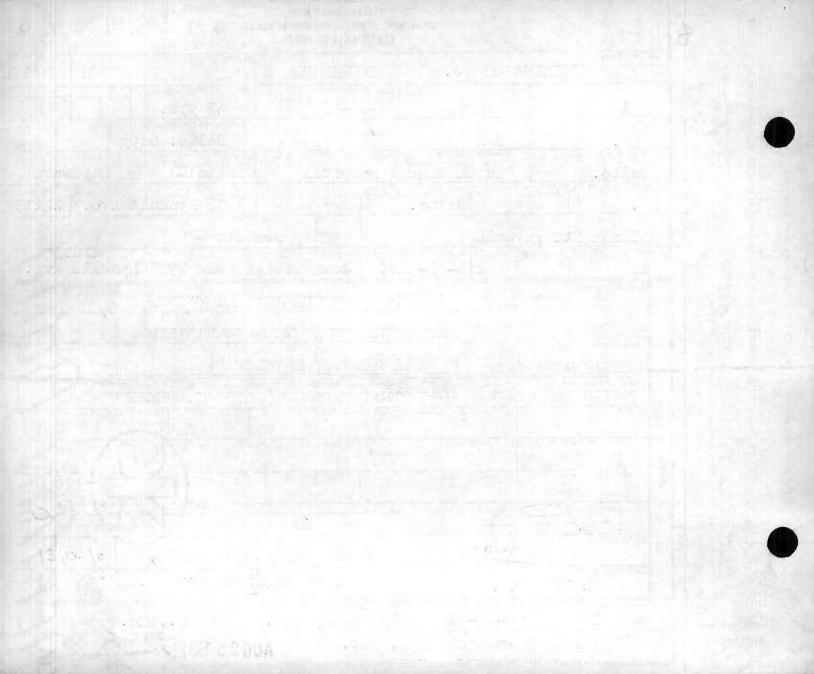
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ix 1	1	REGISTRAR	MED	DICAL EXAMIN	ER'S C	ERTIFICATE OI	F DEATH	REG. NO			
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D. 21201 IF ANY DE. 2, AND 3T 3, RETAIN SHOULD BE	WSU/	AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COUN	OR OTHER INSTITUTION, GIV			13d. INSIDE CITY LIMITS?	13e STREET ADDRI				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RES SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD DIPPORTANCE TO FHALIH AND MENTAL HYGIENE, DIVISION OF VITALRECO DI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Md		Baltimor	·e			Lanva	م ا م	Stroc	·+
4. F	14. F/	ATHER'S NAME	MIDDLE			15. MOTHER'S MAIDEN	NAME		116		
AORE, MD. 2 R DEATH. IF. AGES N. 2. AND 2 SH V OF VITAUR	Ja	ames	T.	Squire		Mariah	A	NIDDLE		Mitch	nell
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ST., BALTIMORE, A HOURS AFTER DEATH 18. GIVE PAGES 1, G WITH FORM PM MIT. PAGES 1 AND MIT. PAGES 1 AND	(1	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			James T.	Squire	2514	W.	Lanva	ale St
JRS S		18 CAUSE OF DEATH (Enter on	ly one cause per line (far (a) (b) and (c))			-			APPROXI	MATE INTERVAL
W. PRESTON ST., B. WITHIN 24 HOURS YENCIL IN ITEM 18. G MINER ALONG WIT TRANSIT PERMOIT P. TRANSIT PERMOIT P. OR REMOVAL.		PART I DEATH WAS CAUSE	D BY:	Hanging						BETWEEN	INSET AND DEATH
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WITHIN WITHIN NICE IN VINER A ITAL HY		Conditions, if ony, which	1							430	
D WITH		gove rise to immediate couse (a) stating the under-	(b)	AS A CONSEQUENCE C)E					-	
SOL Y		lying couse lost.	1 500 10,000	S A CONSEGUENCE C	71						
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MA POLY	z		CONTRIBUTING TO GENTIL	OF HOT RECATED TO THE TERMI	IMAL UISEASI	OR CONDITION GIVEN IN PART	I (g).				
DIVISION OF VITAL RECORDS, 201 W. PRESTON WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM FORWARDED TO THE CHIFF MEDICAL EXAMINER ALON OF PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGISK NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	19a, DATE OF OPERATION	19h CONDITI	ON FOR WHICH OPERA	ATION W	AS PERFORMED?				20 AUTO	DCV3
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S A HE SAN S	110	UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR			(EINTER NATIONE OF IN	JURY IN HEM 18 P	WI LOW PA	R (2)	
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THIS WAI		AT WORK AT WORK	h h	ouse	251	<u>4 W. Lanval</u>	e St.,Ba	lto.			Md.
A SATE NO.		22a. I certify that I taak charg	e af the remains desc	ribed abave, held an	Autop	sy . Inspection	Inquiry	, ond	I in my op	oinion	
AMINER: RTIFICATE D. BE FOR RECTOR: ITH THE		death resulted from: Natur	ral causes 🔲,	Accident, Suic	cide X	, Homicide .	Undetermined ma	anner			
EXAMI CERTIFICATION OF DIRECT.			000			TITLE (SPECIFY)					
ITHE SHOULD SHOU		ACTUAL SIGNATURE	1100	XO	M	D. Assistan	MEDICAL EXAM	AINER	DATE	D_8-1	5-81
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₩ ₩ ₽ ₩ ₽ ₩		EXAMINER'S NAME AT	in M. Dixo	n, M.D.		ADDRESS	elli ol.				
5×45×4	23a.B	URIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEM	AETERY O	RCREMATORY	23d. LOCATION		COUR	NTY	STATE
BP		Burial	8/21/8	King Me	emor	ial Park	Balto		Co		Md
603 DHMH-17	24. F	UNERAL DIRECTOR	ADDRESS				C'D. BY REGISTRA	R WEGIS	TRAR'S S	IGNATURE	
(VR A15 ME (5))	Wi:	lliam C. Marc	h F/H 11	01 E. Nor	cth	Ave AUG	T & 1281	Manu	· Shore	Marca	AL.



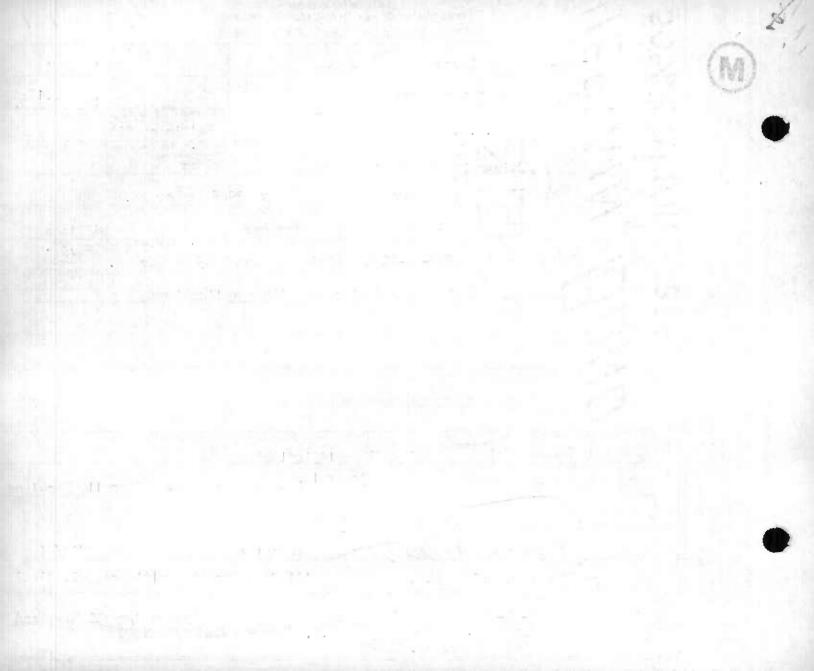
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THE PROPERTY OF STREET STREET





1	FOR STATE REGISTRAR			DICALE	MENT OF I		AND M	ENTAL HY		3 2	REG. NO	2 1	0 7	1
	DÉCEASED NAM (TYPE OR PRINT)	Edward	L	eroy		Step	han		20	OF DEATH M	ESTI- X	монтн 8	DAY YEAR 18 19 8	2b. HOUR
in	sex Male	4 RACE White		1952	6. AGE (IN YEA LAST BIRTHDA 29 YR	RS IF UND	ER 1 YR.	IF UNDER 2	MIN. PE	DEAD		MONTH 8	18 19 8	2d HOUR 12:43
き自動して	BIRTHPLACE (SPOREIGN COUNTRY)	r	76. CITIZEN OF W	Α.		WIDOWE	D 🗆	VER MARRIE DIVORCEI			more	_	Y OF DEATH	MD.
38	CITY OR TOWN	е	Univers	ACILITY, GIVE ST	REET ADDRESS)		R INSTITU	TION	120. USUA FOR MO	LOCCUPA STOFWORKIN elder	TION (TYPE IG LIFE)	OF WORK	12b. KIND OF B OR INDUS	
£35	Marylan		TY	13c_CIJY	OR TOWN	N)	3d. INSIDE (1 Yes 🗌	NO 🔯	13e. STREE 396	LADDRESS Gaml	ber R	d.		
160	Paul		MIDDLE	Ste	phan		F	R'S MAIDEN RST Lorence	NAME	MIDD		V	Villiam	s
2 long	O. WAS DECEASE (YES, NO, OR UNKNO YES	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES) Corps		SO-220		7. INFORA			965 Ga	anber	inkst Rd.	ourg.Md 2104	8
PATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH WITH WIGHEN. DIVISION OVER RECORDS, 201 W. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Self-Control of the state o	Candition gave in cause (a lying car	ins, if any, which ise to immediate) stating the under-	DUE TO, OF	R AS A CONS	WOUND SEQUENCE OF	F				licati	ons		ST. WERLON.	ET AND DEATH
OF HEAL	190. DATE OF	POPERATION	19b COND	ITION FOR V	VHICH OPER	ATION WAS	S PERFOR	MED?					20 AUTOPS	
201 PRIOR TO BU	UNDERLYING CONTRIBUTI	NG CAUSE OF D	21e PLACE	A. 8 OF INJURY CTORY, FARM, ETC.			If-ir	occurred nflict wn oer Ro	ed	CITY OR TOWN		cou Ca r r o	YTML	STATE CY land
IE, MARYLAND, 21		fy that I yook charge	of the remains de odcoves	Ordens Ordens	w. held on	Autapsy	Hamic	Inspection	Undeterr	Inquiry [and and	d in my ap	inian	
Z WOR	(TYPE OR PRI					AD	1 1	11 Pen	n Str	reet,			, MD. 2	21201
	BURIAL CREMA (SPECIFY) BURIAL TUNERAL DIRECT		8-21-81	Kri		Cemet	ery	ORY	23d. LOC.	ation town stmins	ter (COUN		state s] and
MH-17 5 ME (5))	Jose fl	ttel !	Phomas D	erain	Stree	Son E	· H.		A Policy	30,1 _{KAK}	N. Land	0	MAIUKE	



		1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	2107
		1749	CEASED NAME PAST	with the second	Stephen	7s. DATE OF DEATH MONTH	10-81 11:0
M		3. 5E	male	Black	S. DATE OF BIRTH	54 YES	MONTHS DAYS HOURS
1	23		COUNTRY USA, VIRGINIA	76. CITIZEN OF WHAT COUNTS		BAHIMORE CITY OR COUN	Y OF DEATH
objiedo	13	1000	BALLMORE		SING HOME OR OTHER INSTITUTION	12s USUAL OCCUPATION (1995 OF WORK FOR MOST OF WORKING	(H) NND OF BUSINES
Child bac	3	M.	ALRESTDENCE IN MARING HOME OF STATE THE COUNTY AND BACK	MATY BAH	TORE ADMISSION 13d. INSIDE CITY LIMITS?	134 STREET ADDRESS & F.	ayettest
3	0	14. F	Robert	MODEL AST	13 MOTHER'S MAIDEN N.	WKIDLE	Cole
Poges	1			MED FORCES? IN SOCIAL S	7140 Fan Jol	hasan 1/27 G	F. Fayette
Then piedse re or to burial, crest mjury, or other		NOI			O DEATH BUT NOT RELATED TO THE TER		
ane pri	1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED THYING CAUSES OF DEATH YES DO O
em 18 sh	1	100	31m. ACCEDENT WAS UNDERSTING. ☐ OR CONTRIBUTING. ☐ CAUSE OF DE- LY EITHER HIGHEY MIDICAL SEAMINE.	ATH HOUR A.M. MONTH	DAY YEAR	RASIO (SALIME OF MUNICIPALITY	Alexander
and Me	1	MEDICAL	21d INJURY OCCURRED WHAT IN OR INTERPRET IN THE PROPERTY IN T	216. PLACE OF INJURY (AZ HOME, STREET, FACTOR), OFFI	CE TAIM, ETC.) 211. LOCATION	CIT-OF TOWN	COUNTY 11
for use a of Health 21 is ma			22a.1 certify that (I) (this hosp	ital) attended the aleceased fro		ton death accurred an the date and h	that (I) the causes sta
detached ate Dipt. (T. If Item		-	A Lon alor			MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 8/10/81
hould be d	1	-	STEVEN H		3001 S. H	ANOVER St., BA	etimere, N
213		17	Burial Burial		Mt. Auburn Cem	23d LOCATION CITY OR TOWN Baltimore	COUNTY ST Md
M 2/80 4)		1000	.lliam C. Mar	ch F/H 1101	is a second seco	UG 1 3 1981	STRAR'S SIGNATURE

STATE OF MAKTLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN (X) (TYPE OR PRINT) Nancie xbeek Leigh Stevens DEATH MATED 12 1981 6. AGE (IN YEARS IF UNDER 1 YR. LIE LINDER 24 HRS 24 HOUR 6:10 DATE LAST BIRTHDAY) PRONOUNCED 19 Female White DEAD YRS BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City, DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Housewife HOURS AFTER DEATH. IF AND DELAY IN B. GIVE PAGES 1, 2, AND 310 THE GO WITH FORM PM. 3, RETAIN PM. PMT. PAGES 1, AND 2 SHOUD BE FILL DIVISION ON VITAL RECORDS. Baltimore University Hospital WSUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Md. Woodlawn 13d. INSIDE CITY LIMITS? 23 Guild Hall Ct. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Irvin Evelyn Mauerhan Courts 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) 218-74-3274 David Stevens, 23 Guild Ct. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Complications of blunt injury to head & trunk DUE TO OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 WNER: THIS CERTIFICATE SHOULD BE EXERICATE, WRITING THE WORD "PENDING" E FORWARDED TO THE CHIEF MEDICAL TOR: PAGE 3 SHOULD BE USED AS A BUTHE STATE DEPARTMENT OF HEALTH AT THE STATE DEPARTMENT OF HEALTH AT DAND, 21201 PRIOR TO BURIAL, CREMAN CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? (head only) 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ANY MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 11:50°M pedestrian struck by auto 214 INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNCTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYDAND, 21201 PF AT WORK AT WORLE Frederick Rd. & Poplar Ave. Catonsville. street (head 220 I certify that I took charge of the remains described above, and in my opinion Accident XX Natural causes Homicide ___ TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-13-81 SIGNATURE EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Timonium Baltimore Dulaney Valley 24 FUNERAL DIRECTE P.A. 25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **DHMH-17** 1630 Edmondson Avenue, Catonsville, Md. 212284 (VR A15 ME (5) 15M 2/80

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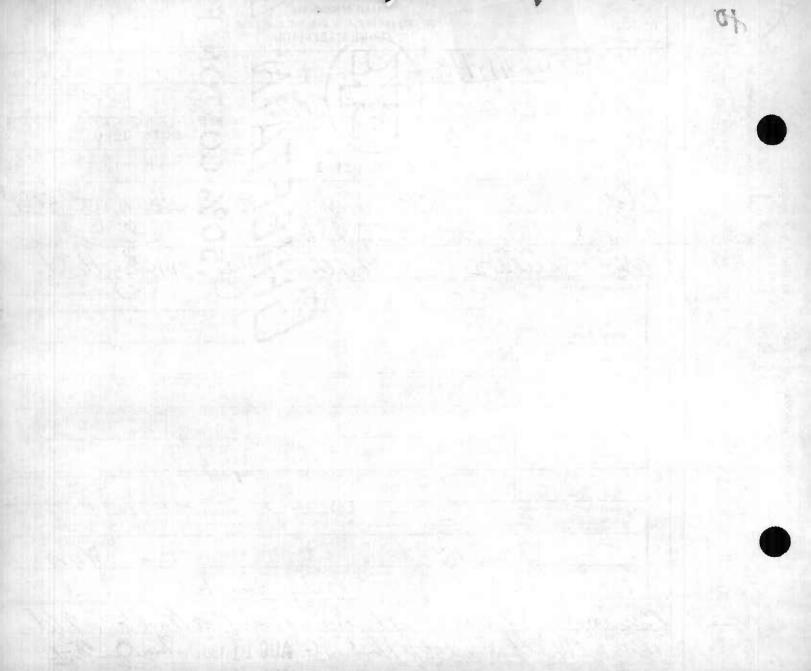
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3	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 3 8 2 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
4 may be		ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR PRINT) AND STEVENS ON SIZE OF DEATH MONTH DAY YEAR 25. HOUR STEVENS ON SIZE OF DEATH MONTH DAY YEAR STUDENT AFRICANT ON THE MONTH DAY YEAR
death. Page 4	5	TOURTHPLACE INSTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED OF WHAT COUNTY OF DEATH WIDOWED DIVORCED OF WHAT COUNTY OF DEATH MARRIED NEVER MARRIED OF WHAT COUNTY OF DEATH MARRIED NEVER MARRIED OF WHAT COUNTY OF DEATH MARRIED NEVER MARRIED OF WHAT COUNTY OF DEATH MIDOWED DIVORCED OF WHAT COUNTY OF DEATH
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ompletely fille and 2 should) 14 F	ATHER'S NAME Charles MIDDLE TOWSON SOI-DOLPHIN, SI 15. MOTHER'S MAIDEN NAME MIDDLE MIDLE
be execut on and ca		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (14 16 6 W. North 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
quires that the death certific signed by the attending ph hen please remove carbon p to burial, cremation, or rema njury, or other troumatic even	NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS PERITONEII DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF UNDER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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G PHYSICIAN. Thending physician this certifica the burial-trial and Mental Hy ked or hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 7. AL WORKE AT WORK A
the houping as a DRECTOR, At another for vite or the other for the other		220 I certify that (If (this haspital) attended the deceased fram 8.1. 19.51, to 8.2.1. 19.51, that (If (we) last saw the deceased alive an 8.2.1.87, and that in (m/) (aur) apinion death accurred on the date and haur and fram the causes stated abave, (If (we) (did) (did) not) view the body after death. DEGRE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRE
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by the fur filed with	10. CI	ry or town of DEATH	11. NAME OF HOSPITAL, NURSI I IF NOT IN SUCH FACILITY, GIVE STREE Sinai Hospita	NG HOME		170. USUAL OCCUPATION OF WORK FOR MOST	ON 12b. K	IND OF BUSINESS OR
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equires that the death certifica n signed by the attending phy Then please remove carbanco The Durial, cremation, ar remov injury, or ather traumatic event	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	Ply one couse per line for (a), (b), o D BY: TE CAUSE (a)	JENCE OF	J	nt Melas		ART 1(0)
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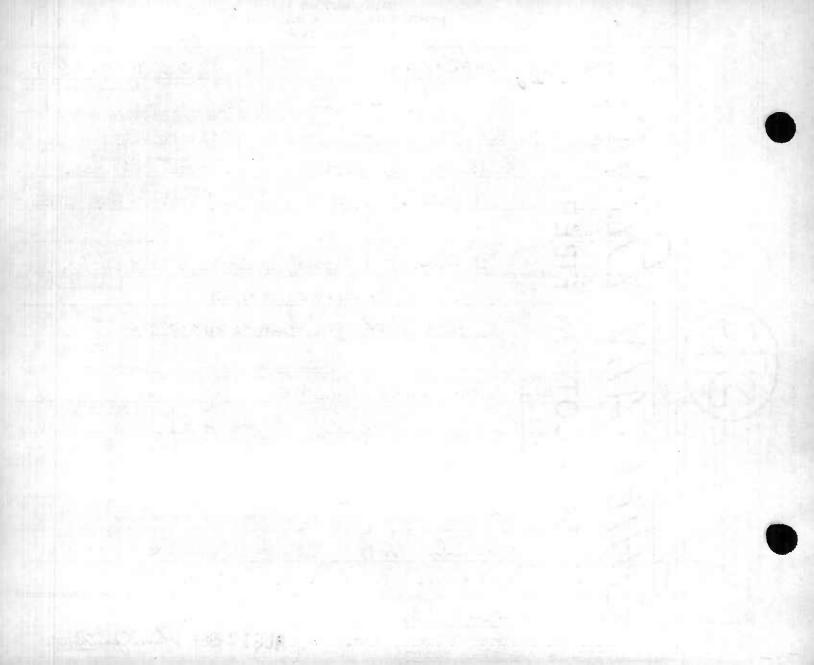
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STATE OF MARYLAND



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DEPARTMENT	OF	HE	AL'	TH	AND	MENT

	- STATE REGISTRAR	va anim	CERTIF	ICATE OF DEATH	REG. NO	- -			15.10	
/	DECEASED NAME FIRST (TYPE OR PRINT) I Sabel	R. St	trums	ky	20. DATE OF DEATH	DAY YEAR	26. HOUR	AM		
1	3. SEX female	a.RACE white	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR		UNDER 24 HRS DURS MIN.	
3	70. BIRTHPLACE (STATE OR FOREIGN Virginia	7b. CITIZEN OF WHAT COUNTRY? $U.S.A.$	WIDOWE		Baltimore city of Baltimore		MD.			
2	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Agnes Hospi	tal	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NUTSE-SE	WORKING LI	12b. KIND O INDUSTRY IP Oyed	F BUSINES	SOR	
5		NTY 136, CITY OR JOWN	1	YES NO CO	13. STREET ADDRESS 11 Summerf	ield	Rd.			
1	14 FATHER'S NAME Meredith	Anderson		15. MOTHER'S MAIDEN NAM Annie FIRST	MIDDLE		ugh			
2	160 WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 216-16-6		Mr. Milton A.			Deerbro more, M			
	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	S Fa	tre desea						
		CONDITIONS <u>CONTRIBUTING TO D</u>	357			601		Mari		
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	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET	CITY OR TOV	VΝ	COUNTY	STA	TE	
	sow the deceosed alive an abave, (1) (we) (did) (did nat			d that in (my) (our) opinion d	eath occurred on the do	AN ie and hau	ur and from the		,	
	226. SIGNATURE	iver-Vidaus	1	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	SIGNED - 8		
	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e. ADDRESS				7		

OLIVER-VIDAUD

22e. ADDRESS

EDGEVALE 21210

230. BURIAL, CREMATION, REMOVAL 23b. DATE 8/4/81

23d. LOCATION
CITY OR TOWN
TOWSON 23c NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery

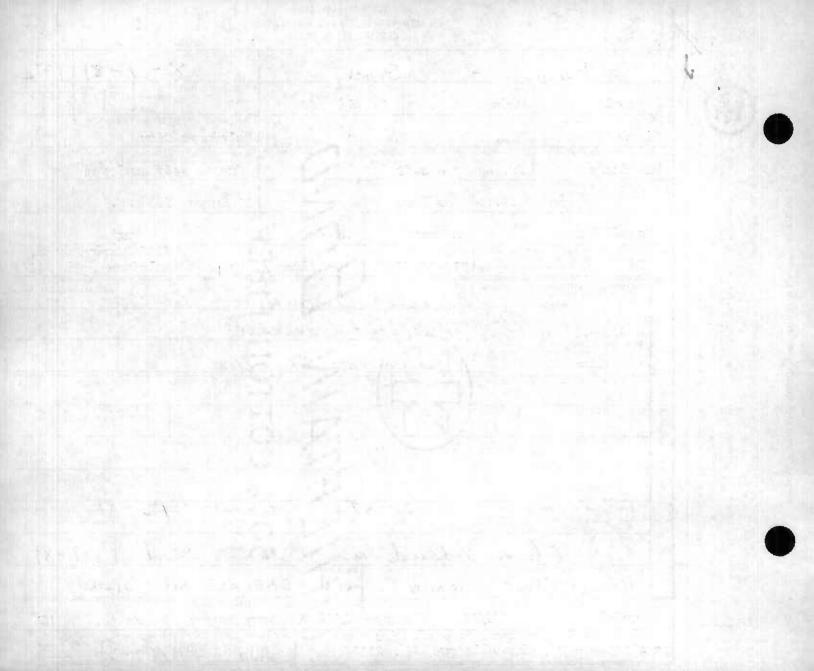
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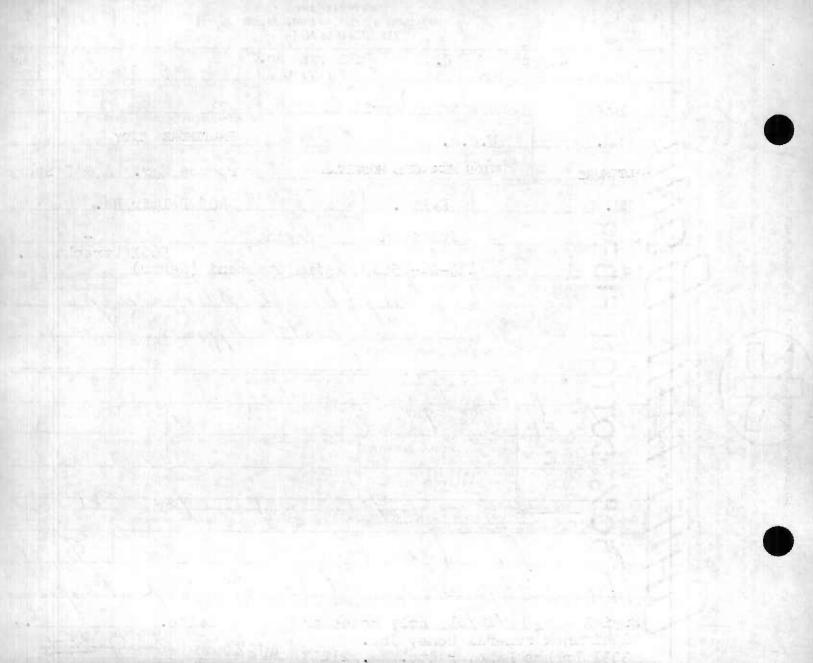
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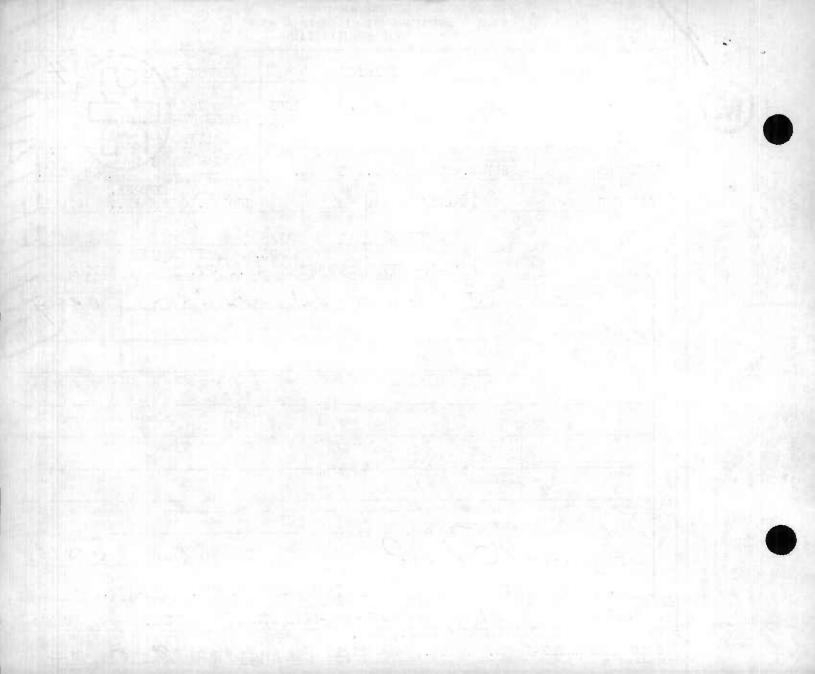
24 FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd. FRandallstown, Md. 21133



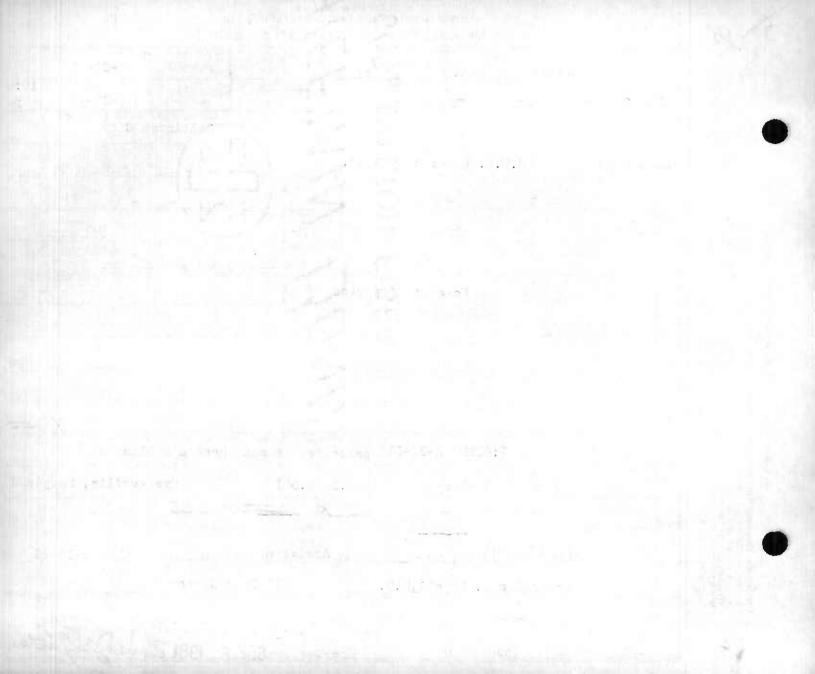
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. Sullivan Sr. 20. DATE OF DEATH MONTH DECEASED NAME Joseph (TYPE OR PRINT) HIVIN 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. April Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH IN EMPTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE Md WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNION MEMORIAL HOSPITAL Produce Mgr. 80 BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13g. STATE 136 COUNTY 13r CITY OR TOWN 13d INSIDE CITY LIMITS? Balto. 4408 Belair Rd YES TO NO Md15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Sullivan John Regina ADDRES 681 Utrecht Rd. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 214-16-6586 Regina Stamboni (dghtr) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTHEY MEDICAL EXAMINER) 211. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on. and that in (my) (our) opinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED 5 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PHYSIC AN'S NAME (TYPE OF PR 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL COUNTY STATE Burial Md Holv Redeemer Balto. 24 FUNER BEHIMUNEK Funeral Home, Inc. DHMH-16 30M 2/80 (VRA 15, 4) 3331 Brehms Lane, Balto, Md.



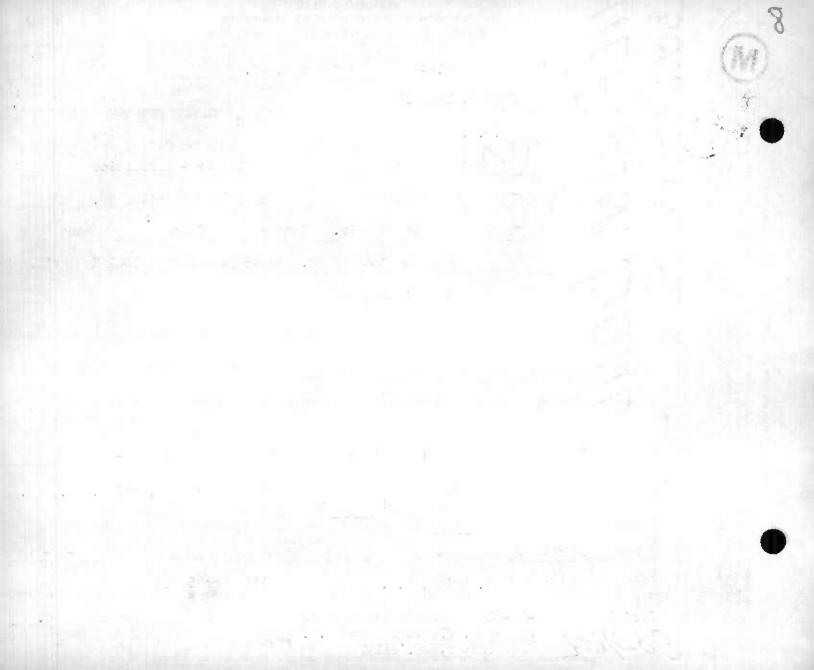
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE KNOWN [7] 2b HOUR (TYPE OR PRINT) ESTI-OR YOUR FILES. ITHIN 72 HOURS RESTON STREET, 8-30-81 AGNES DEATH MATED Louise SWANN 4 RACE 5. DATE OF BIRTH RALDIRECT 3 SFX IF UNDER 24 HRS 70909 DATE YEAR LAST BIRTHDAYL PRONOUNCED white female 8-30-81 May 2.1918 63 DEAD PM 70. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Va. U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 1), NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS S.T. U. University Hosp. Baltimore Clerk at Highs Store AL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 136 COUNTY STATE Bullity 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. 2947 Liles Ave. YES X NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Norman Thomas Mable Pilkerton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT DIVISION Grasonville Md. PAGES LYES NO OR UNKNOWNS 577-54-1632 no **EXXXXX** Box # 133B Eloise King .Rt#1 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
Cerebral injuries BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, DEPARTMENT TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARKLAND, 21201 PRIOR TO BUI 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR bassenger of auto headon collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 71f. LOCATION STREET, FACTORY, FARM, ETC.) Rt.5 nr.301 CITY OR TOWN HyattsvílTe, Marylahid WHILE AT WORK AT WORK highway 22a. I certify that I taak charge of the remains described above, held an death resulted from Natural causes Undetermined manner TITLE (SPECIFY) Assistant 8-31-81 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial COUNTY STATE Woodlawn Cemetery LEAS COLL TALLOW TO PROPERTY OF THE PROPERTY O Easton Talbot Md. 24 FUNERAL DIRECTOR Rt#1 Box **DHMH-17** Helfenbein-Hubbard Funeral Home P.A. (VR A15 ME (5)) Chester 15M 2/80



1-	FOR STATE			DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH								6	
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3. SE	x Male	4. RACE White	S. DATE OF BIRTH	1. 0.	EARS IF UN	DER 1 YR. IF UN	NDER 24 HRS.	IC DATE PRONOUNCE DEAD		ONTH DAY	YEAR 1981	10:10 P.M	
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60	ATHER'S NAME FIRST Dona.		Wayne	Swartzbau	_	o Cont	nie	Jear		Ma	nn nn		
2 00	YES, NO, OR UNKNO		VAR OR DATES)	166. SOCIAL SECURI 2/8-68- far (a), (b), and (c).)				wartzba			esvi.		
NO NO	gove ris cause (o) lying cau		(c)	AS A CONSEQUENCE		OR CONDITION GIVEN	N IN PART 1 (a).						
O BURIAL, CREV	190. DATE OF	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							(he	(head only)		
MEDICAL CER	UNDERLYING CONTRIBUTIN 21d. INJURY C	CCURRED	P.M.	. MONTH DAY YEA	SI SU	DW INJURY OCC bject for CATION TREET					uck	STATE	
5	WHILE AT WORK 22a certif		s	treet crib(head.on!	127	'08 Sagar	pection .], and in		0., 1	Md.	
MOKE, MASIN	ACTUAL SIGNATURE_	lurgen	na Ih	Jolan	M	TITLE (SPECIF D. Assista	ant MED	DICAL EXAMINI	ER S	DATE 8	-20-8	31	
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MENTIONER, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	EXAMINER'S I (TYPE OR PRIN BURIAL, CREMAT (SPECIFY)	VII C	3b DATE	Dolan, M.D.	METERY O		23d. LC	Penn Str		COUNTY	STA	TE	
17 (5))	Burial	Ita	-23-81 Thomas D Westminst	Providen Main Mat 21		F.H. 25	Ga OG 2 4	mber 1981 rar	Car	roll	orver.		



DIVISION OF VITAL RECORDS.

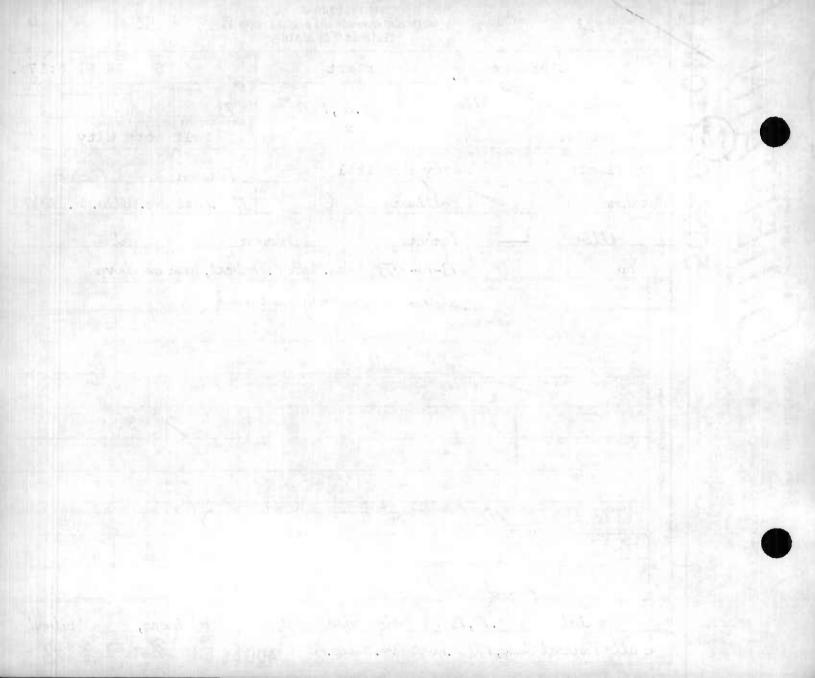
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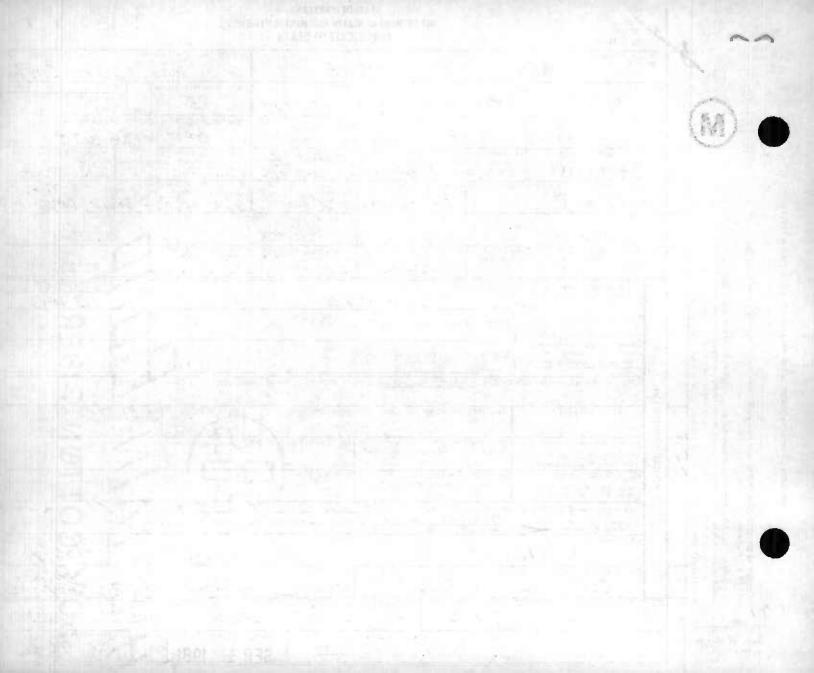
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

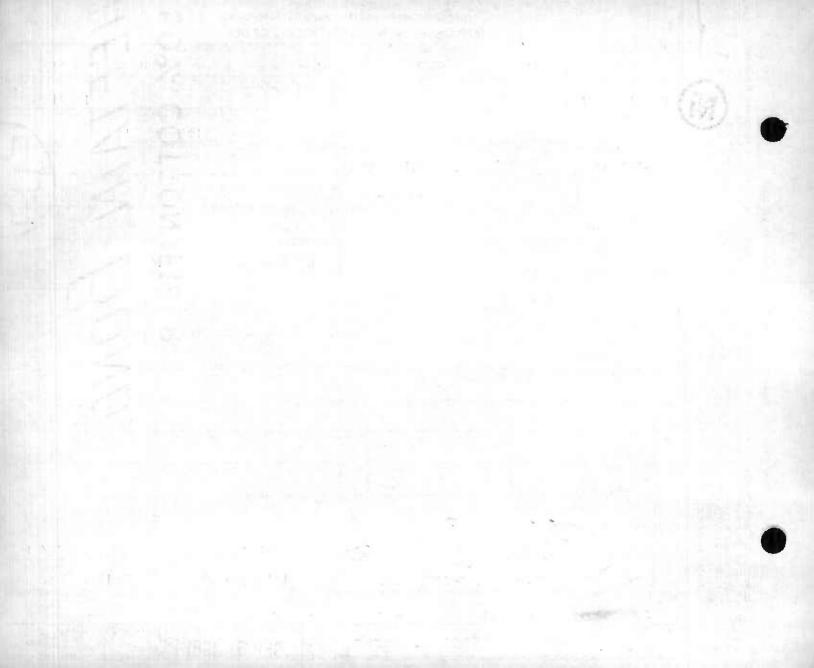
CERTIFICATE OF DEATH



_ ,	1	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA CATE OF DEATH		REG. NO	2 1	0 9	9
3 81 8		CEASED NAME FIRST	RY	MIDDLE	TA	UB	20	DATE OF DEATH	MONTH DAY	YEAR 26 HC	15 Am
	1.SE	MALE	4 RACE	CASIAN	S. DATE C	F BIRTH	P	AGE (IN YEARS LAST BIRT	HDAY) IF UP	NDER I YEAR IF UND	ER 24 HRS
M	BI	RTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	MARRIES WIDOWE			BALTIMORE CITY O	RCOUNTYOF		MD.
11	10 C	BANTIMORE	I,I. NAME OF	HOSPITAL, NURSIN HOSPITAL, NURSIN HOSPITAL HEBY	ADDRESS) G	ROTHER INSTITUTION	120- 120 176 (T	USUAL OCCUPATE YPE OF WORK FOR MOST O INVESTOR	WORKING LIFE)	26. KIND OF BUSING NOUSTRY REAL EST.	
133	13a S	ARYLAN TISE COU	OR OTHER INSTITUTION	13c. PITY OR TOW		13d INSIDE ITY LIMI	0	STREET ADDRESS	202 RUE DRIL	16, BATT	215 mg
and with	1	THER'S NAME PRINT DAVID	MIDDLE	TAUB		15 MOTHER'S MAIDE REBEC	CCA	WIDDLE		UNKNÔWN	
be execu-		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, gr NO	RMED FORCES? VE WAR OR DATES]	16b SOCIAL SECTION 218-14-5		17 INFORMANT MR 6630 EBER		ARAH TAUBRE R., APT. 2		#21215	
is that the death certificated by the attending particulars remove correspond in cemation, or impost or other troumants event the	7	IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, C	PNE 41 DR AS A CONSEQUE DR AS A CONSEQUE DR AS A CONSEQUE	ENCE OF	r.A				APPROXIMATE IN BETWEEN ONSET AN	
low requires t is been signed ermit. Then ple e prior to burio	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE		AL DISEASE OR CONI	20b. IF YES, WI	N PART 1(a) ERE FINDINGS US G CAUSES OF DE	
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pitol TOR: for us of He 21 is		22a certify that (this hosp sow the deceosed alive or above, (we) (did)			MA9 81, on	d that in (aur) as	97) pinion dea	, to AVIG.	, 17-	d from the causes	,(we) last
by the hosp by the hosp ERAL DIREC e detoched Stote Dept.		22b. SIGNATURE	lun			DEGREE ATTEND PHYSIC	ING A	MEDICAL STAP	F IAN	220. DATE SIGNE	81
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BP	{	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	8/27	/81 B	ETH YE	METERY OF CREMAT HUDA ANSHE	E KUR		BALTIMOR		LAND
DHMH - 16 50M 1/76 (VR A 15 (4))		INERAL DIRECTOR SOL L 10 REISTERSTOW		BALTO.	MD	21215	DATE RE	1 1001	25b. REGISTRAR	S SIGNATURE	Then



V		FOR STATE	18a-22a	Film G56	DEPART	MENT OF	HEALTH	AND MI	ENTAL H	0		2 1	i	0	0	
3008		REGISTRAR CEASED NAME E OR PRINT)	FIRST Cece		MEDICAL EXAMINER'S CERTIFICATE OF DEATH (May) Taylor Toplor							NO. MONTH	DAY 29 1	YEAR 981	26 HOUR	
SECTOR PROPERTY.	I SEX	emale	RACE Black	5. DATE OF BIRT	29	A AGE (IN 19 LAST BUTHO)	IF UN	IDER 1 YR.	IF UNDER 2	24 HRS. 2c. D.	ATE DUNCED AD	MONTH 9	DAY	YEAR	2d. HOUR 2:10	
NECESSE OF STREET	In BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD				USA WIDOWED X DIVORCED Baltimore CITY OR COUNT								,		MD.	
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		TY OR TOWN O	re /	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2306 Mt. Royal Terrace (FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								TYPE OF WORK		126 KIND OF BUSINESS OR INDUSTRY		
F ANY DE RETAIN SHOULD B	13a. S	MD	13b COUI		113c CIT	e before admissi y or town Ltimor		13d. INSIDE CI YES 🛣	NO 🗌		RESS Mou	nt Ro	yal	Ter	race	
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JRS AFTER DE JRS AFTER DE S. GIVE PAGE WITH FORM DIVISION OF	(Y	ES, NO, OR UNKNOV	VN) (IF YES, GIVI	e war or dates)		N/A	r NO.			Taylo				ynn ROXIMATE I		
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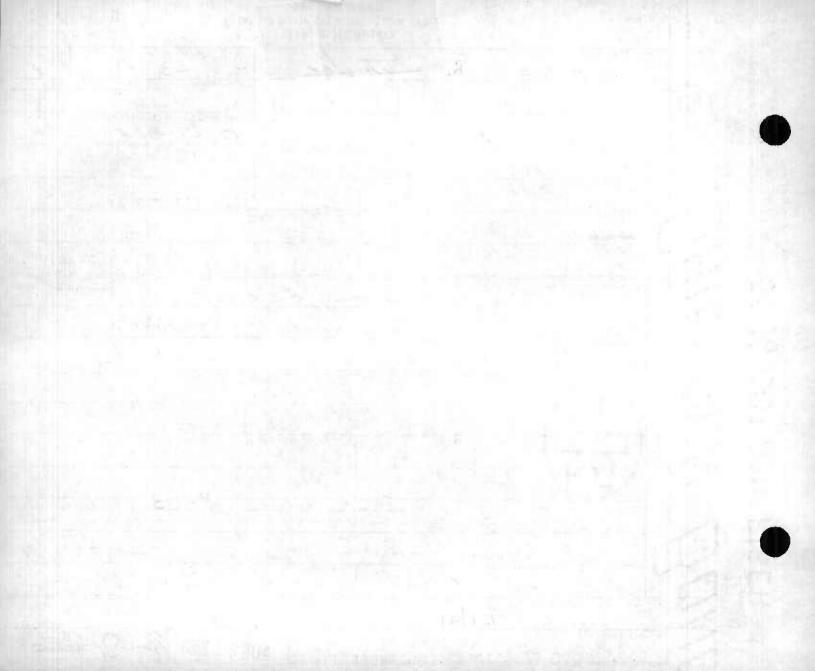


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tor pa	3. SE	x Female	1 RACE black		5. DATE (DF BIRTH DAY YEAR 2 1912	6. AGE IN YEARS LAST BIRTHDAY		
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		NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C NO	GIVE WAR OR DATES)	166 SOCIAL SI 218-0		Calvin Wil	ADDRESS		
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the Implication of the Implicati	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	120a AUTOPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
SICIAN: T ng physic certificate miol-tronsi entol Hygi	MEDICAL CE	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P	.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2)
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by the by the by the by the by the by the best detaching the state Deriver and the best best best best best best best bes		22d. PHYSICIAN'S NAME CAPPE		us.		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1 8	4 8/
TO HOSPITA retained by TO FUNERA should be de with the Stat	77- 1			PATRICK		Hept. 2	Medicine, Johns	Hopkins t	tospital.
0 2BP		Burial CREMATION REMOVA	23b. DATE 8/8/			emetery or crematory of Eternal			Md
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STATE OF MARYLAND

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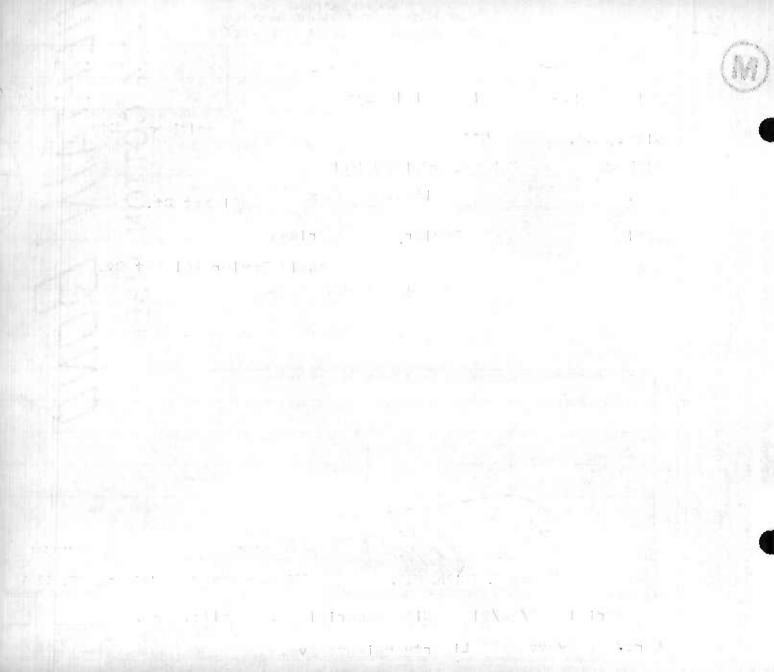
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NA	3. SE	MALE	BLACK		MONTH 8		40	MONTHS DAYS HOURS
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000	USU	L RESIDENCE LIENURSING HOME	OR OTHER INSTITUTION.			HOSPITAL		
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e 2	14 F.	THER'S NAME				15 MOTHER'S MAIDEN N	IAME	
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ws ony injury, or other froun	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	oric c	A DONTRIBUTING	ohol	OUSEF DO THE TEN	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1101 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DELYES IN NO
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PEL SPEC	USU	AL RESIDENCE			WE RESIDENCE BEFORE AD	HOSP 1 Ta	31							
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS N. GIVE PAGES 1, 2, AND 3 TO THE FILE WITH FORM PM. 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF WITH RECORDS, 201 W.	13a. S	Md.	156. COUN	TY	Balto.	/N	13d. INSIDE CITY	NO B	REET ADDRESS	.+				
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ATE, ORV.		22a I certif	fy that I teak shang	e of the remains de	scribed phove held	an Author	71y X	Inspection .	Inquiry .	and in my	opinion			
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SHOW SHOW		SIGNATURE	/	y -c yac	1/000	ha "	A.D. DOPO	MEI MEI	DICAL EXAMINER	SIG	NED	7/01		
TO MEDICAL EXAMINER: THIS CERENCUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED AFTER DEATH, WITH THE STATE DEBALLIMORE, MARYLAND, 21201		EXAMINER'S (TYPE OR PRI	NAME Tho	mas D. Sr	mith, M.D.		ADDRESS_11	1 Penn S	Street, E	Baltimo	re, MD.2	21201		
DX AD A A	23a.B		TION, REMOVAL 2				OR CREMATOR	23d. L	OCATION Y OR TOWN		OUNTY	STATE		
7710 BP	24 F	UNERAL DIREC		8/22/81	King	Memo			alto.,	Md.	SSIGNATURE			
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STATE OF MARYLAND

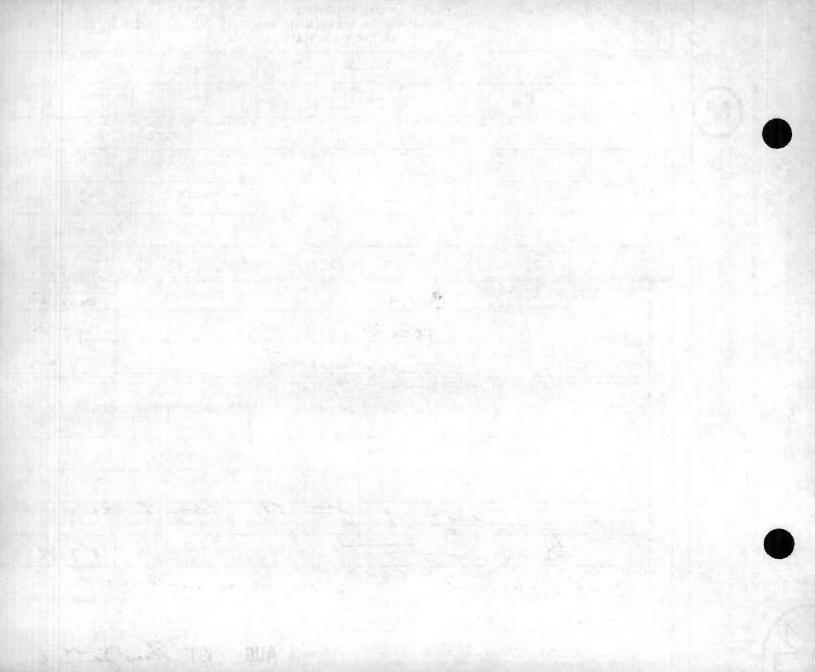
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STATE OF MARYLAND

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TOR	of Ho			sow the deceased alive on	view the bady after death.	81 , 01	d that in (my) (our) opinion	death occurred on the d	ate and havr a		
hos hos	ept.			226. SIGNATURE	view rife budy drier deam.		DEGREE			22c. DATE S	SIGNED
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δ § δ-	£ 3 ₹	7	30 Bt	URIAL, CREMATION, REMOVAL	23b. DATE 2	C NAME OF C	EMETERY OR CREMATORY	23d LOCATION			67.77
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24 FUNERAL DIRECTOR

JOHNS HOPKINS HOSPITAL

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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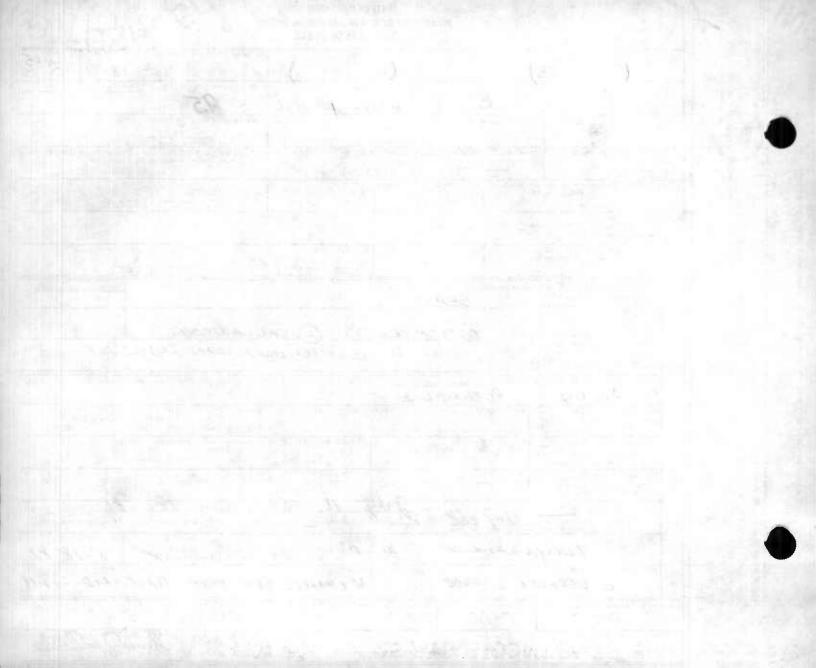
		FOR - STATE REGISTRAR			CERT IF	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH		2 REG. NO	1 1	
moy be r, poge 3 ffer death		CEASED NAME FIRE XX GLEN	EE N Wil	Lliam	THOMA	S	20. DATE OF DE 8-26		DAY YEAR	8:30PM
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deoth. Po]	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	WHAT COUNTRY?	WIDOWE			ITY OR COUNT		MD.
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+ 0 -		ATHER'S NAME FIRST Walter	John	Thomas		15. MOTHER'S MAIDEN NA/ Leona	. M	ina.	LeBr	un
rificate be execuply sicious and components. Pages movel.		No	VE WAR OR DATES)	216-42-4	4423	Leroy V. T.	homas	address 2629 C		field A
quires that the death certificate signed by the attending physic hen please remove carbon paper to burial, cremation, or removal, ijury, or other troumatic event, the	z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, C (b) DUE TO, C (c) CONDITIONS C	ARER ARTE	RTOSC	LEROTIC HEART ITUS			IVEN IN PART 110	
he low re-	CERTIFICATION	190 DATE OF OPERATION	19b COND	PITION FOR WHICH (N WAS PERFORMED	_	X IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	NGS USED OF DEATH? NO
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TTENDING pitol or o TOR: Afte for use os of Health		WHILE NOT WHILE AT WORK 220. I certify that (I) this hosp saw the deceased alive or above. (I) (We) (did Add not hose)		ne deceased from	8-1 81 or	9 , 19 8 d that in (my)(aur) opinion o	. 10	26 the date and ha		that (I) we last causes stated
by the hos ERAL DIREC edetoched Store Dept.		22b. SIGNATURE	1 Lecu	び		DEGREE MD ATTENDING PHYSICIAN	MEDICAL DIRECTOR []		220. DATE 8 - 2	16-81
TO HOSPITAL retoined by the TO FUNERAL should be detined to the Store with the Store IMPORTANT.	220 1	C. DR. Gulius		намай мо		BROADWAY RAI	EMORE!	12 CORPO		00 N.
33BP		Burial, cremation, removal (specify) Burial Uneral director	8/29/			emetery or crematory od Cemetery 1250 DATE	23d LOCATIO CITY OR TO Parkvi E REC'D. BY REGIS	lle Ba	1timor	e Md.
(VRA 15, 4)	L	assahn Funera	al Home	7401]	Bela:			981 Thu	us Da	W. to

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO Thomas DECEASED NAME Victoria 28 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 8 oria 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR MARCH 1886 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Baltimore, city Va. WIDOWED X DIVORCED [ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR 12s USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore North Charles Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13. STREET ADDRESS Baltimore 1310 N. Mount Street Md YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Hall Annie ADDRESS 17 INFORMANT 4a WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. IYES, NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) N/A 1310 N. Mount Street Cora Henry APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF & URINARY TRACT INFECTION STEDMYEU Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 EUMON, 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION ked 71d INJURY OCCURRED 21s PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) AT WORK AT WORK 22a | certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be det with the State 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT C. VERGARA-SOADES (HARLES GEN. HOSP. BAIF. MD. 212 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION Baltimore Co 8/24/81 Burial Westview Mem Park 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATUR DHMH-16 25M William C. March F/H 1101 E. North Avenue (VRA 15, 4) 1/79



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEXTH REGISTRAR REG. NO . DECEASED NAME MIDDLE KNOWN K TYPE OR PRINT) ESTI-8-16-81 LEONARD THOMPSON DEATH MATED Antwan 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS YEAR 621 DOUR DATE LAST BIRTHDAY) male black PRONOUNCED 7/29/1950 31 PM DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED X NEVER MARRIED Baltimore City U.S.A. WIDOWED DIVORCED 5 D. CITY OR TOWN OF DEATH 2, AND 3 TO THE F 3. RETAIN PAGE (SHOULD BE FILED) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Gardener Baltimore University Hospital M HOURS AFILE.
ITEM 18. GIVE PAGES ...
ONG WITH FORM PW 3. N...
ONG WITH FORM PW 3. N...
PAGES 1 AND 2 SHOULD D...
PAGES 1 Utility USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 138 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS A.A. Co. Pasadena 758 209th St. 21122 Maryland YES NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST UNKNOWN UNKNOWN LITEM 18. GIVE PAGALONG WITH FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES 217.52.3738 Yyonne S. Thompson (Wife) Same asl3e No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I DEATH WAS CAUSED BY:

Multiple injuries REMOVAL. BETWEEN ONSET AND DEATH ALONG IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **BURIAL - TRANSIT** Conditions if any, which gave rise to immediate 8 DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) **MEDICAL CERTIFICATION** USED AS E 3 SHOULD BE USED / E DEPARTMENT OF HE, 31 PRIOR TO BURIAL, (190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTABLE BALTIMORE, MARYJAND, (2) 201 PRIGR TO I OR OR UNDERLYING driver of motorcycle/auto collision CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME AT WORK AT WHILE street----horthbound Hanover Street Baltimore, Maryland 22a I certify that I took charge of the remains described above, held an and in my apinion X death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 8-17-81 Assistant SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Maryland 8/17/1981 Green Mount Crematory Cremation 24 FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE **DHMH-17** Walter Brooks Bradley Inc., Balto., Md 21222 (VR A15 ME (5) 15M 2/80

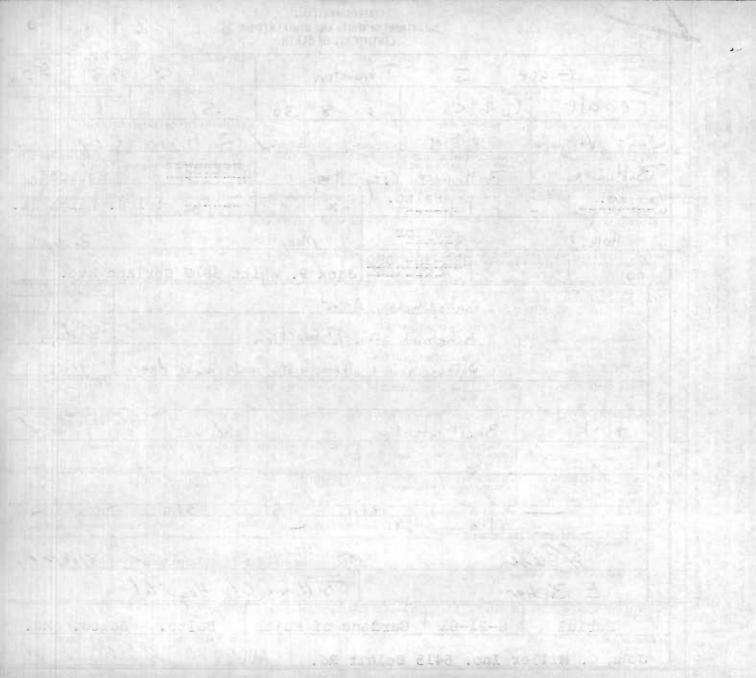
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ge 4 may	3. SE		RACE B		ATE OF BIRTH MONTH DAY YEAR OB -1(- 10	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
her death. Page within 72 hours and at one.		RTHPLACE (STATE OR FOREIGN 7) DUNTRY North Carolin	a U.S.A.	MA	ARRIED NEVER MARRIED	- 9 BALTIMORE CITY OR CO	DUNTY OF DEATH
by the furilled with		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILIT	AL, NURSING HO LY, GIVE STREET ADDRES LOSPITAL	ME OR OTHER INSTITUTION (S)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126, KIND OF BUSINESS OR INDUSTRY
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MARYLAND ed within 24 mpletely fillec ond 2 should examinerimus	14 FA	THER'S NAME FIRST M	IDDLE	LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
		o <mark>hn</mark> Vas deceased ever in u.s. ar <i>n</i>		Threatte		ADDRESS	Mitchell
BALTIMORE, cote be executed by spicion and compers. Pages 1 you!			WAR OR DATES)	OCIAL SECORITY			Drive, Norfolk, Va
ALTI ALTI sicion pers. ol.		18 CAUSE OF DEATH (Enter only	y one couse per line for	r (a), (b), and (c).)	THE PARTY OF THE PARTY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the second	A	PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (D)	ardio-1	Respiratory	Arrest	
ron s ath cer anding carbo n, ar re matic e		4275	DUE TO, OR AS A	CONSEQUENCE	OF		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death cert rattending physician. Wher this certificate has been signed by the attending is as the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, ar ren arked ar them 18 shaws any injury, ar ather traumatic ex	13	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE	OF		
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AL RECOR	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION F	FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
N OF VITA SICIAN: The physical certificate ental Hygis ental Hygis frem 18 shu		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJUI HOUR A.M. M	RY NONTH DAY Y	21c. HOW INJURY OC EAR	CURRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
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TENDI Ital or OR: A or use or use or use or use		22a. certify that (I) (this haspite saw the deceased alive an above.(I) (we) (did) (did not	ol) attended the deced	0364 110111	_, and that in (m) (our) api	nion death occurred on the date o	nd hour and from the couses stated
TAI OR AT OR ALL OR ALL OR CALL DIRECT detached to tote Dept. or 17. If them 2.		226. SIGNATURE	mome		DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF	221. DATE SIGNED 08-18-81
HOSPIT pined b FUNER buld be the file the Si			- Monier,	M.D.	22. ADDDECC	ore City Hospita	
20 28 3 3 -		urial, cremation, removal	23b. DATE 8/24/81	23c NAME Bran	of CEMETERY OR CREMATO	emetery Rich Squ	lare N. C.
DHMH-16 50M 7/77 (VR A 15 (4))	24 F	uneral director n. NaC. March F/H,	Inc. 1101	LADERESS Nort	h Avenue	AUG 2 0 1901	REOSTRAR'S SIGNATURE

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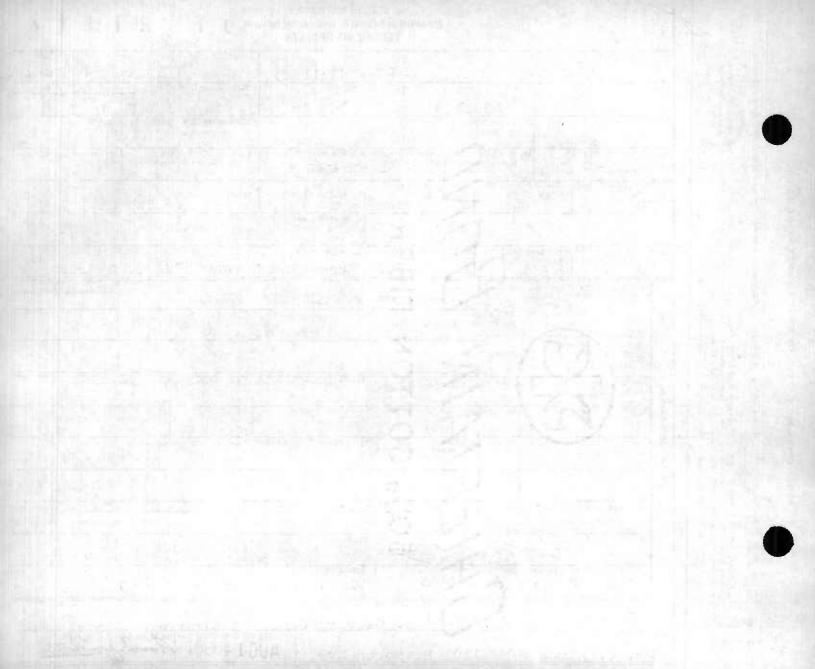
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		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b)	, ond ici				APPROXI	MATE INTERVAL
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	FIC	5/17/81		1.	The second second		IN CERTIFY	NG CAUSES	OF DEATH?
1	RTI		Bowel Infl	artion		YES NO	YES		NO P
2	Ü	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	T 1 OR PART 2)	
X	¥	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	14 (1 - 13 - 13 - 13	d'ense		
	Z	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	PINEEL	CITY OR TO	WN	COUNTY	STATE
	- 29	22a. I certify that (I) (this hospit	ml\ assessed and shee decreased for	· 81	16 10 31	51	\$ 10	51.	N - 4 (1) (10) - 3 1 - 4
		sow the deceased alive on.	110	-	nd that in (my) (our) opinion of	10	, 17		that (I) (🖦) lost
		obove, (I) (me) (did) (did no				death accurred on the a	lore ona nour o		
	5.94	22b. SIGNATURE	1		DEGREE			22c. DATE	SIGNED
		2/ 7ce	ber		MD ATTENDING PHYSICIAN	MEDICAL STA	CIAN	8/1	8/8/
		224 PHYSICIAN'S NAME (TYPE OF	RPRINT		22e. ADDRESS	, ,			
		E Biel	00		Beltinore	City Har	rital		
1	-			12 114417 25 -		11103/0	7 161		
E,	23 o. E	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
		Burial	8-21-81	Garde	ens of Faith			alto.	Md.
	24 FU	INERAL DIRECTOR	ADDRESS		250. DATI	E REC'D. BY REGISTRAF	25b. REGISTRA	AR'S SIGNATI	JRE
		John C. Mill			ir Rd. A	UG 2 0 1981	Manu	· Char	Marth



1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	١.	FOR STATE		DEPARTA	AENT OF HE	OF MARYLAN	ENTAL HYG	IENE 8	2		19
		REGISTRAR			CERTIFIC	CATE OF DE	EATH	RE	G. NO.		ut water
		CEASED NAME FIRST OR PRINT)	MIDI	DLE	LAS	1		20 DATE OF DEA	TH MONTH	OAY YEAR	2b. HOUR
noy be poge 3		EARL			TOI	BERT		AUGUST	05.	1981	09:55MAN
mo, po	3. SEX		4. RACE		5. DATE OF	BIRTH	YFAR	6. AGE IN YEARS LA	ST BIRTHDAT)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
- 1		Male	Black		May	30	1923	58	YR		may,
4 (19/1-)		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	□ NEVER MA	ARRIED [9 BALTIMORE C	ITY OR COUP	NTY OF DEATH	
I KENDO		ryland	USA		WIDOWED		ORCED	BALTIM	ORE C	TTY	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN		OTHER INSTIT	TUTION	12a USUAL OCC		126. KIND (G LIFE) INDUSTRY	OF BUSINESS OR
15 15 15 15 15 15 15 15 15 15 15 15 15 1	B	altimore		INS HOP		HOSPI	TAL	Postal		Civil	Serv
po on	130. S	AL RESIDENCE IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)	3d INSIDE CIT	Y LIMITS?	13e STREET ADDR			
LAND 2 nin 24 h ly filled should b	M	aryland		Baltim			NO 🗌		Sarato	ga St. A	pt. 103
RYL.	14. FA	THER'S NAME	WIDDLE	LAST	1	5. MOTHER'S	MAIDEN NA	ME			cī .
MAM y be and a second		Vannie L	ee	Tolber	t	1000	essie			Carr	ie
MORE, e execut n ond ca Poges I	160 V	VAS DECEASED EVER IN U.S. AF	E WAR OR DATES	SOCIAL SECU	RITY NO.	7 INFORMAN		A	DDRESS		
IMORE De exec		Yes 2/43		215-14-	5065	Callvin	Tolber	rt		0.00	
, BALTI rcote b hysicion popers: ovol.		18 CAUSE OF DEATH (Enter o		e for (a), (b) and	d (c).1					APPRO: BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)	Condia	re av	west				- 4	5 mm.
PRESTON ST., he death certifi he attending ph emove corbanp motion, or remo		1511)	DUE TO OR A	S A CONSEQUE	NCE OF	,	1	4			
PRESTO the death the attend emove co emotion, o		Conditions, if any, which		7 motor	LION	bruse	al <	A			2 months
the determon		gove rise to immediate couse (a), stating the	DUE TO OR A	S A CONSEQUE	NCE OF	0					/
thot the day the cose recose recol, cren		underlying cause last.	(c)	Ina	4				- 1	7	uress.
20 20 nec		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT N	OT RELATED T	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	01
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir otherding physicion. Ifter this certificate has been sig os the burnol-tronsit permit. Then th and Mental Hygiene prior to b norded or them 18 shows any injury	CERTIFICATION				11633						
S beer s beer s prior s ony	CAI	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY		YES, WERE FINDI	
TALR The laction, the host most per regione shows	RTIF				TE CO		12 31	YES NO	(A)	YES 🗌	NO 🗆
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ON OF VYSICIAN ding physics certific burnol-tr Mentol or Hem 1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	A. (1)		19						45 Y 1927
PHY sandir this church d'Am	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE, F		211 LOCATION	N	CITY	ORTOWN	COUNTY	STATE
DIVIS Or other or other the cost he olth one	-	AT WORK NOT WHILE AT WORK							c.l		
ENDIII fol or or use ruse Heoli		22a.1 certify that (1) (this hasp			7	231	. 19 8-	, to	815	2, 19	that (I) (we) last
2 0 7 7 9 7		bow the deceased live or obove (1) we didded a	GAM mew the body at	er death.			aur) apinion (death occurred on	the date and		
OR A e hos DIREC Sched Dept.		22h SIGNATURE		. 1	DE	GREE	TENDING	HEDICAL	CTAFF	22c. DATE	SIGNED
		Marchile	far p	1			TENDING HYSICIAN [MEDICAL DIRECTOR P	STAFF	0 8	13/8/
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O HOSPITAL etoined by 11 TO FUNERAL should be det with the Stote		Warc	re 1500	M	0	1	Sance	40015	15	1+05/2	
0405 == 33	1	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. 1	NAME OF CE	METERY OR CE	REMATORY	23d. LOCATION	N	COUNTY	STATE
BP	Bu	rial	8/7/81	C	rownsv	ille Ve	et. Cer	n. Crown	sville		MD
DHMH - 16 50M 7/77	24 FI	INERAL DIRECTOR		ADDRESS	HE ACT		100	E REC'D. BY REGIS			
(VR A 15 (4))	Wm	C. Brown Comm	• Fn Hm	1206-08	W. No	rth Ave	1	UG1119	o! M	me Que	Marth

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-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 1 2	1120
	1 DECEASED NAME FIRST LUTHER	MIDDLE	OWNSEND		981 8:56 M
2	3. SEX MALE	4 RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 9 20 03	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
9	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) REDSPRING, NC.	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED X WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CIT	OF DEATH Y MD.
3	BALTIMORE	11. NAME OF HOSPITAL, NURSING	S HOME OR OTHER INSTITUTION DORESS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE (IF NURSING HOME O 136 COU MD	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY [134. CITY OR TOWN BALTIMO	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ISOUITH ST
80	14 FATHER'S NAME PIRST UNKNO	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST PTNKEY	ME MIDDLE	LAST MCNETL
1	16a WAS DECEASED EVER IN U.S. AF (YES. NO OR UNKNOWN) I IF YES. GI	RMED FORCES? 16b SOCIAL SECUP VE WAR OR DATES)			SIDENT ST.
	IS CAUSE OF DEATH Falous	-l.,			APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED Ite. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE 1 DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

IMPORTANT;

ATTENDING

MEDICAL

DHMH - 16 50M 1/81 (VRA 15, 4)

(SPECIFY) BURIAL 24 FUNERAL DIRECTOR

MARCH F/H 1101

236. DATE

22d PHYSICIAN'S MAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

CENTER GROVE

00100

ADDRESS

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION RED SPRING

COUNTY

22c DATE SIGNED

YES

NOF

STATE

STATE

N.C.

250. DATE REC'D. BY REGISTRAR 256 REDISTRAR'S SIGNATURE

NORTH

2.4

(VRA 15, 4)

STATE OF MARYLAND

BENEFIT SPECIFICATION OF THE PROPERTY OF THE P HE SAN THOUSE AND A CONTRACT The manager avenues determined to 2 tem alle and the

1		STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICAT	AND MENTAL HYGI	REG.			1 6
€		E OR PRINT)		TRUSS		20. DATE OF DEATH	8	10 YE	81 10:
	3, 58		4. RACE	5. DATE OF BIRTI	Н	6. AGE (IN YEARS LAST	_	IF UNDER I	
[BAR		MALE	WHITE	4 2	21 15 AR	66	YRS		AVS HOURS
AVI.	ME B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	NEVER MARRIED	9 BALTIMORE CITY			н
1		MARYLAND	U.S.A.	WIDOWED	DIVORCED	BALTIMOR		Υ,	
123	B	ALTIMORE AL RESIDENCE (IF NURSING HOME)	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR VETERANS ADMIN	REET ADDRESS) IISTRATION		TYPE OF WORK FOR MO	ation stofworking ired	12b. KINDUS GLE	
should be	13a M	ARYLAND ATHER'S NAME		OWN 13d IN YES	X NO	13e. STREET ADDRES		IS AVE	2120
300		THOMAS	TRUSS		OTHER'S MAIDEN NAM	WIDDIE		LE	NTOWSK
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en please remave burial, cremation ury, ar ather traur	7	Conditions, if any, which gave rise to immediate cause iot, stating the underlying cause lost	DUE TO OR AS A CONSECUTION CONDITIONS CONTRIBUTING TO	ENCE OF	ELATED TO THE TERMIN	NAL DISEASE OR CO	DNDITION G	OVEN IN PAR	T Iro
nsit permit. The rgiene prior to shaws ony inju	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICE	11.	PERFORMED	200 AUTOPSY? YES NO	IN CER	YES, WERE FII TIFYING CAL YES [
or them 18 sho	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	ALMIII	19	OCATION	D (ENTER NATURE OF IN	NJURY IN ITEM 1	8 PART I OR PAR	1 2)
as the ti	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFIC	CE FARM, ETC)	STREET	CITY OR		COUNT	Y
eo eo su		sow the deceased alive o obove, X I (we) (did) AXX	pital) attended the deceased from AUGUST 10 19 We view the body after death.	1)	in XX (our) opinion de	, toAUGUS'.		our and from	the couses st
n 21 j		22b. SIGNATURE	MAS CON	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN	8	/II/
e detached tor State Dept. of H ANT: If Item 21 i	ñ	22d PHYSICIAN'S NAME OF THE	OR PRINT)	22 A	DDDESS			1	1
should be defoched for with the State Dept. of H	22-	22d. PHYSICIAN'S NAME (114PE	ID PATZ	22e. A	3900 LOCH	RAVEN BLV	/D 21	.218	1

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STATE OF MARYLAND

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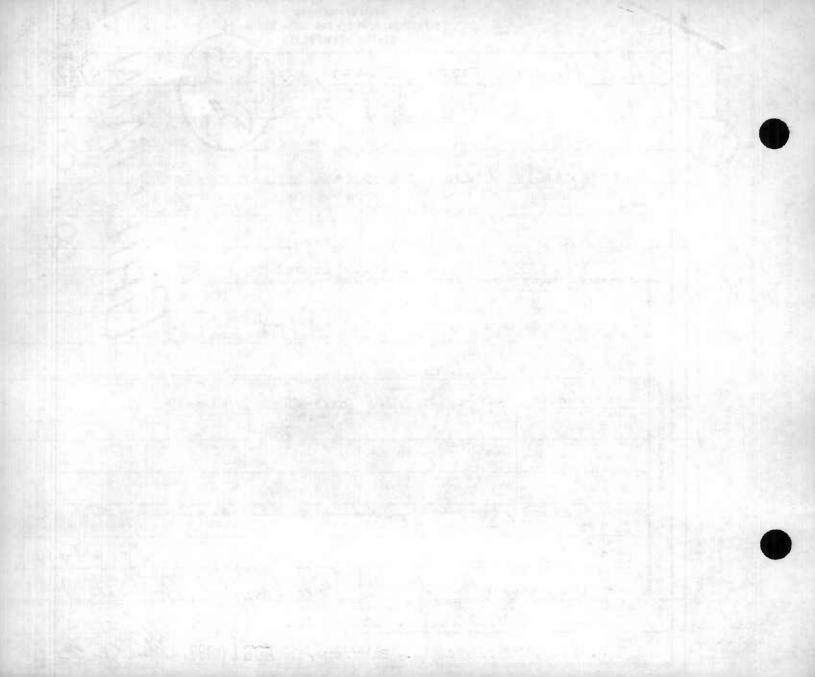
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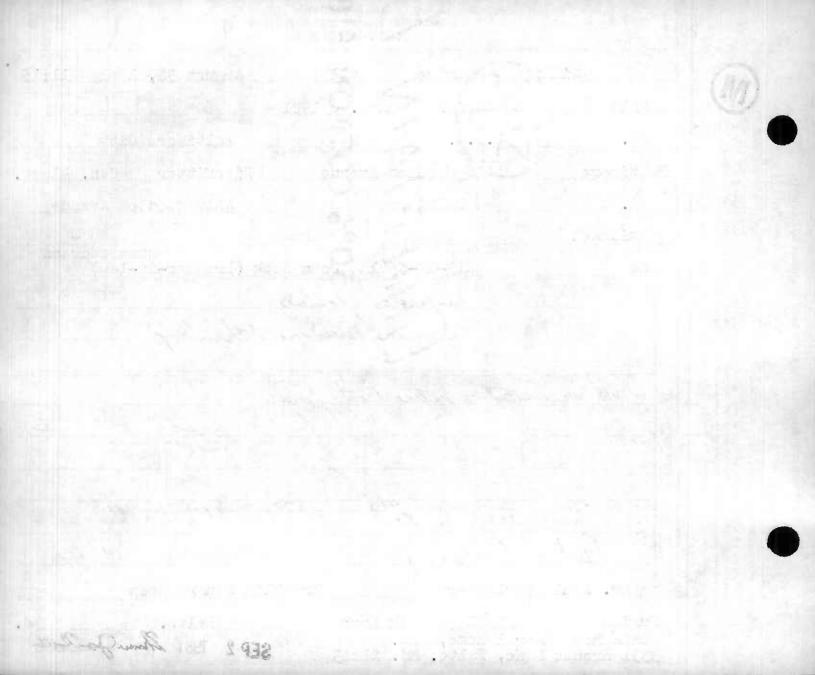
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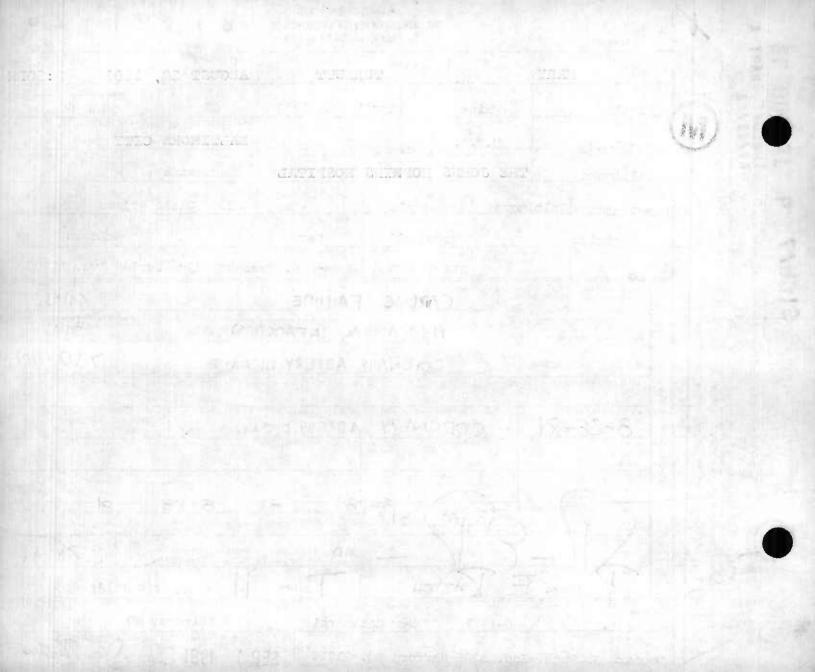
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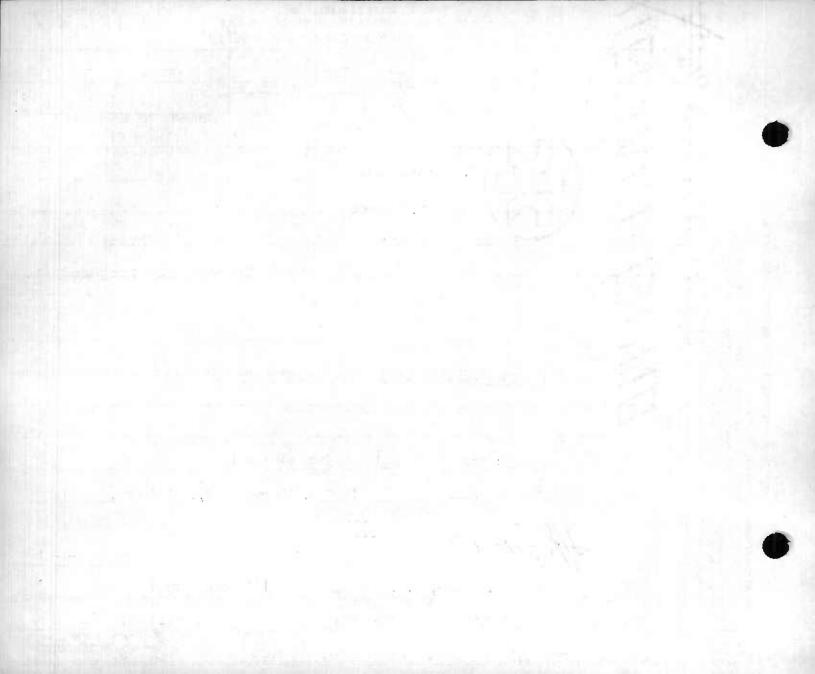


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

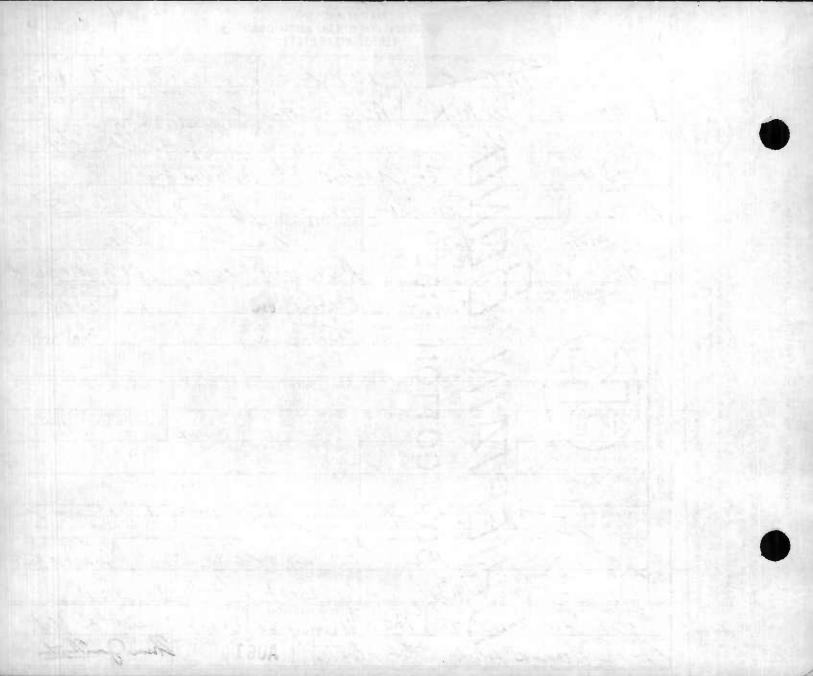


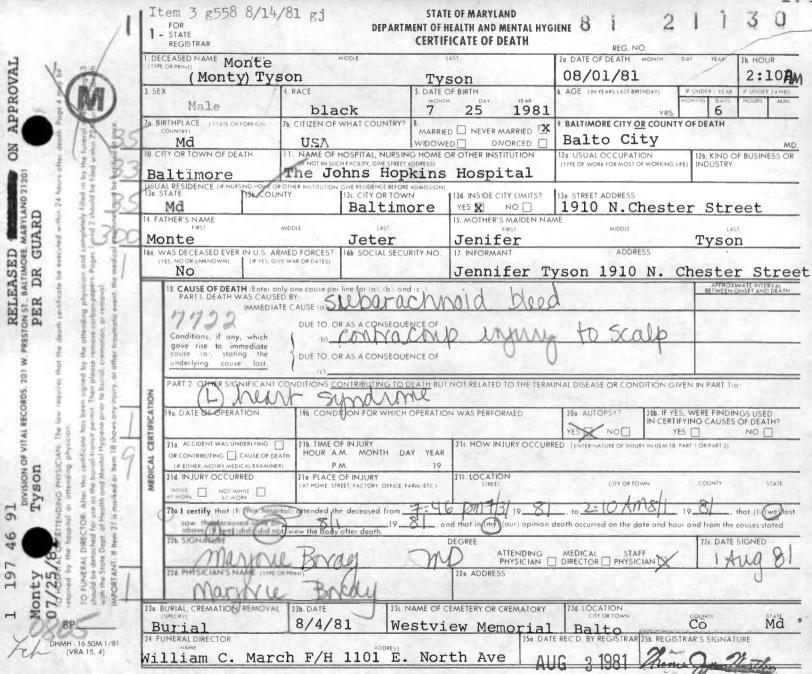


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-4		REGISTRAR		MED		EXAMINE	R'S CE	RTIFIC	CATEC	F DEA	TH	REG. N	Ю.			
		CEASED NAME OR PRINT)	E FIRST		MIDDLE		LAS	sr			2a. DATE	KNOWN	MONTH	DAY	YEAR	2b. HOUR
20 00 00 E	1	CONTRICTO	(Chevne	Cheyenn	a N	Melvin	Tu	rner			OF DEATH	MATED [3	7	19 81	
ROLLEGE	1. SEX		4. RACE	5 DATE OF BIRTH		6. AGE (IN YEARS	IF UNDE		IF UNDER		2c. DATE		MONTH	DAY	YEAR	24 HOUR 9:10
DIREG OUR NS H	N	lale	Black	MONTH DAY	YEAR	LAST BIRTHDAY)	MONTHS:	DAYS	HOURS	MIN	PRONOUP	NCED	8	7	19 81	
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89868		REIGN COUNTRY)						4 8	VER MARR	IED U		I timo	_			
257 A	10 C	Irgin IY OR TOWN	OFDEATH	II. NAME OF HOSP	TAL MILI		WIDOWED		DIVORC			PATION (TY			ND OF BU	MD.
245.00				(IF NOT IN SUCH FAC	KITY, GIVES	TREET ADDRESS)		11431110	HON		OST OF WOR		PE OF WORK	OF	INDUST	RY
305 AR		Baltimo		1208 N. OR OTHER INSTITUTION, GIVE	Lon	gwood St	reet									
F ANY DI F AND 3 TI FETAIN SHOULD I PECORD		TATE	13b. COUN			OR TOWN		d. INSIDE CI	ITY LIMITS?	13e. STRE	ET ADDRE	SS				
# ₹\$#\$#??		Md.			В	altimo	re	YES	NO 🗌							
W THE STATE OF	14. F/	ATHER'S NAMI	E	MIDDLE		LAST	15	MOTHE	ER'S MAIDE	NAME	A	AIDDLE			LAST	
ORE, M DEATH OREST	T	eslie	B	enjamin	П	urner		Su					Evan			
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2 AND. TH FORM PM 3 RETAIN PAGES 1 AND 2 SHOULD INISION OF VIJAL PECO	16a. V	VAS DECEASE	DEVER IN U.S. AR			CIAL SECURITY	10. 17.	. INFORA	THAM			ADDRES	S			
TA FAME		Yes	(18 125, G148	WAR OR DATES)		N/A		Dr	enda	Three	202	120	Lon	~		-1
= m≤ L n			OF DEATH (Enter or	nly ane cause per line f	or (o) (b) and (c))		DI	enua	101	mer	120	Lon	Al	PROXIMAT	
TS WAS WAS		PARTIDE	EATH WAS CAUSE	D BY:		un Wound	of t	Head						BETV	VEEN ONSE	T AND DEATH
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ECC BE BE B	CERTIFICATION															
AL, HE	3	19a. DATE OF	OPERATION	196. CONDITI	ON FOR	WHICH OPERAT	ION WAS	PERFOR	MED?					20 A	UTOPSY	
VITAL SHOUL ORD "I CHIEF E USEE T OF H	17														ESXX	NO 🗌
CETIFICATE S TRIPICATE S TING THE WC THE COULD BE DEPARTMENT PRIOR TO BE	8		AL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH	DAY YEAR	21t HOW	VINJURY	OCCURRE	D (ENTERN	ATURE OF IN	JURY IN ITEM 18	PART 1 OR PA	RT 2}		
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T NAME TO STATE															yrui	-
#258#3		22a I certi	ify that I taak char	ge of the remains desci			Autopsy	XXI.	Inspection	n 🔲,	Inquiry	U. C	nd in my a	oinian		
WE WATE		death result	ed from	al causes .	Accident	L, Suici	de XX,	Homic	cide	Undete	ermined me	anner,				
X B B B X X		ACTUAL	1/1	Sugar	10				PECIFY)				DATE		7 0	
*##### —		SIGNATURE	1//	7			M.D.	ASS	istan	MEDI	CAL EXAM	AINER	DATE	D	3-7-8	
A PER S	-	EXAMINER'S	NAME 11	D. C.		M D				11 0	C	4				
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, FORCE A SHOULD BE FORM TO FUNERAL DIRECTOR. P AFTER DEATH, WITH THE ST BALTINIORE, MARYLAND, 2		(TYPE OR PRI	NT) HO	rmez R. Gu	ard,	М.D.	AD	DRESS_	1	11 176	enn S	treet				
1100 PARTER	23a.B	PECIFY)	TION, REMOVAL			NAME OF CEME			ORY	23d. LO	CATION		COU	NTY_	51	ATE
BP		Buri	al	8/13/8:	1	White	Roc	k			Syke	esvil	le,	Md.		
DHMH-17	24 F	UNERAL DIRE	CTOR	ADDRESS					25a. DATE		REGISTRA	AR 250 EG	ISTRAR'S	SIGNAT	JE -	
(VR A15 ME (5))		Wm. C	. March	F/H 110	1 E.	North	Ave	e .	AU	610	1981	7100	ON ON		S. C.	2



	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 2 8
1 10	1.	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
be be good be good be good be good be good by		TEASED NAME . FIRST MIDDLE TO LAST LAST TO DATE OF DEATH MONTH DAY YEAR 2b. HOUR 8/15 PM
ge 4 may	3. SE	-EMA/E BLACK S. DATE OF BIRTH MONTHS DAY VEAR DAY DAY DAY DAY DAY DAY DAY D
Pos (M)	7a. B	RTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NOT COUNTY OF DEATH WIDOWED DIVORCED MARRIED M
urs after d	10,0	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, COMPETEET ADDRESS) 12. USUAL OCCUPATION (Type OF MORK FOR MOST OF MORKING LIFE) INDUSTRY 12. USUAL OCCUPATION (Type OF MORKING LIFE) INDUSTRY
(ND 212)	120.	LESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. INSIDE CITY LIMITS? 130. STREET ADDRESS VES NO 16.03 / Caraline SA
E, MARYLA completely it I and 2 sh	14.75	THEFT NAME FIRST SMAIDEN NAME FIRST LEST LAST
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nes tres tres tres tres tres tres tres tr	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
law law sermine prime prime was an	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO
> X & D D T & B	1	210. ACCIDENT WAS UNDERLYING TO ALSE OF DEATH OF FINJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION PHENT OF PHE	MEDIC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21g. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)
ATTEN ospitol ECTOR: d for us m 21 is		22a. I certify that (I) (this beginal) attended the deceased from 14464574, 19 01, to 1446401, 19 1, that (I) (this beginal) attended the deceased from 14464574, 19 01, to 1446401, 19 1, that (I) (this beginal) attended the deceased flive on 1446401 (this beginal) attended the deceased flive on 1446401 (this beginal) attended the deceased from 1446401 (this beginal) attended the deceased from 1446401 (this beginal) attended the deceased from 1446401 (this beginal) attended the deceased flive on 1446401 (this beginal) attended the deceased from 1446401 (this beginal) attended the deceased flive on 1446401 (this beginal) attended to the deceased flive on 1446401 (this beginal) attended to the deceased flive on 1446401 (this beginal) attended the deceased flive on 1446401 (this beginal) attended the deceased flive on 1446401 (this beginal) attended to the deceased flive on 1446401 (this beginal) attended to the deceased flive on 1446401 (this beginal) attended to the deceased flive on 1446401 (this beginal) attended to the deceased flive of the deceased flive o
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STATE OF MARYLAND

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moy moy	3 SEX		4 RACE		5. DATE O	GAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
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the f	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTR	
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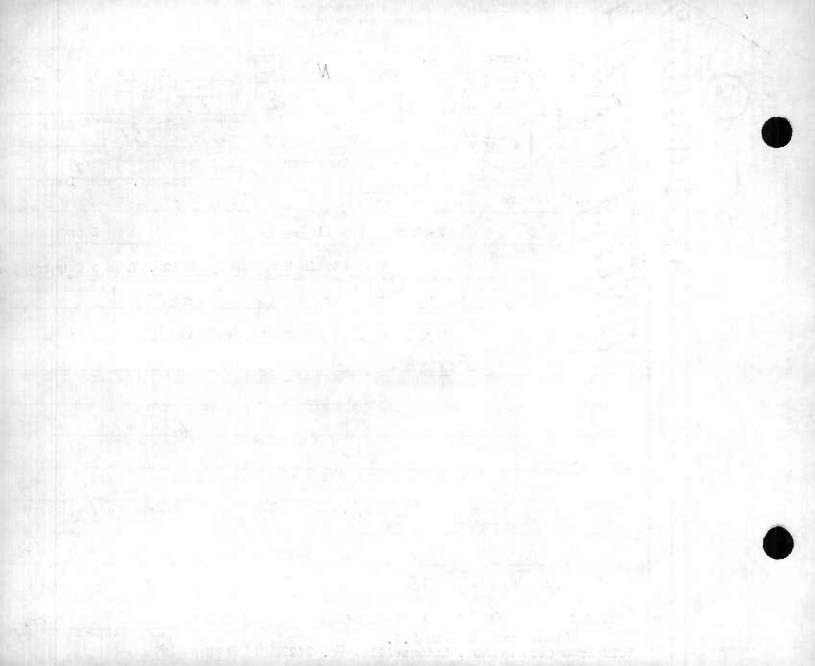
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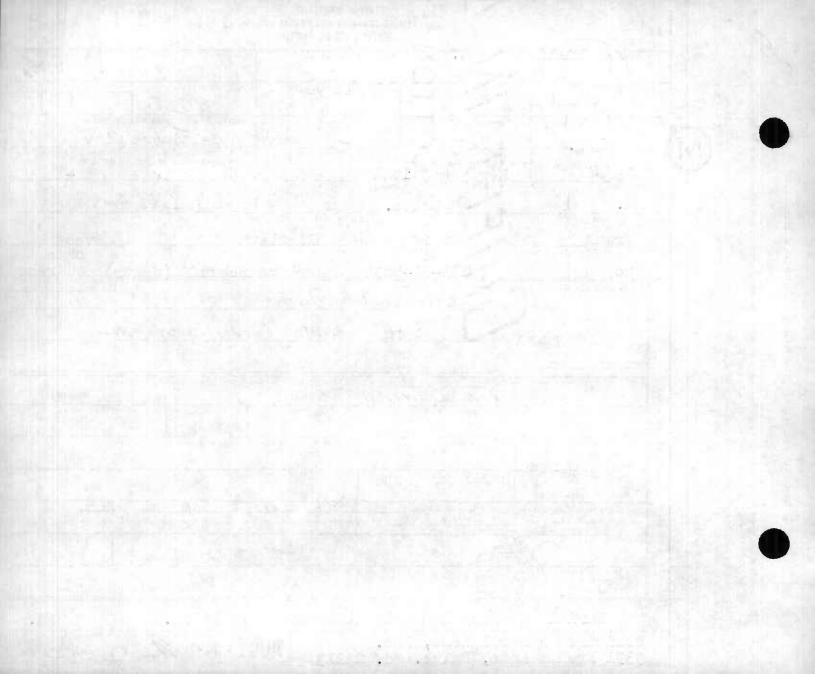
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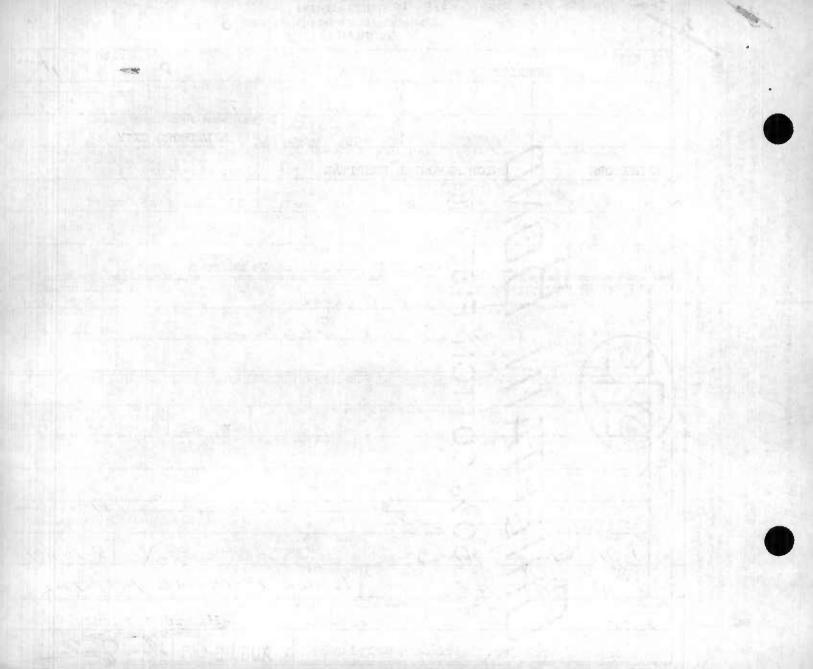
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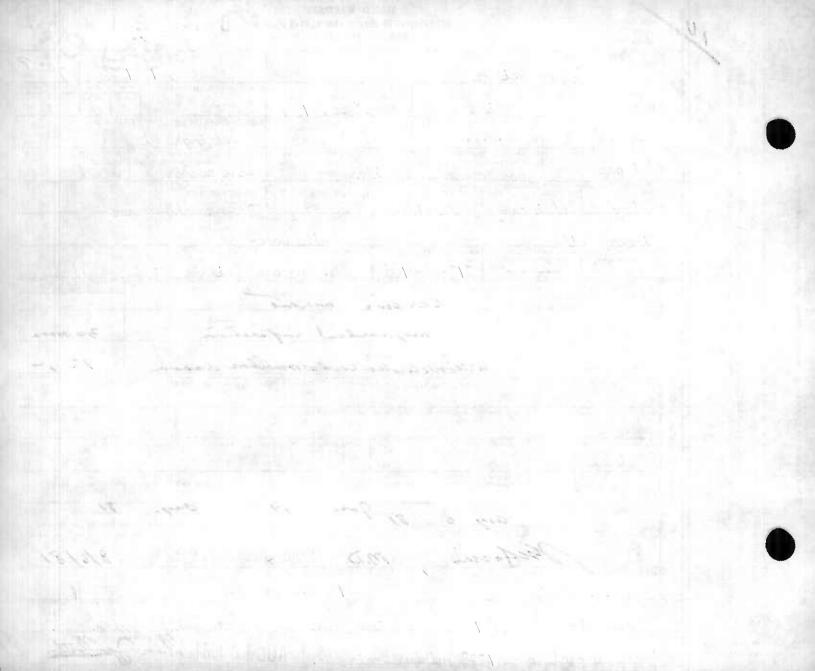
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N OF VITA SICIAN: The physicic certificate or intolerasit enter Hygician from 18 should be considered by the considered	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	17 DAY YEAR 19 211 LOCATION	YES NO RRED (ENTER NATURE OF INJURY IN IT					
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TO HOSPII retained b TO FUNE should be with the Si		Toyer	Y. Bro.	55 22 5 G16	ene St =	Balto MD.				
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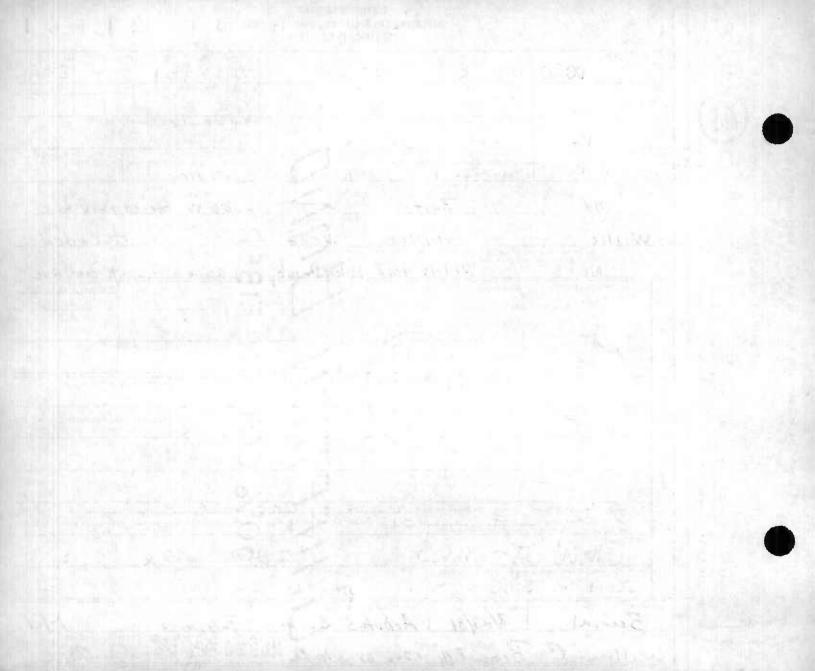
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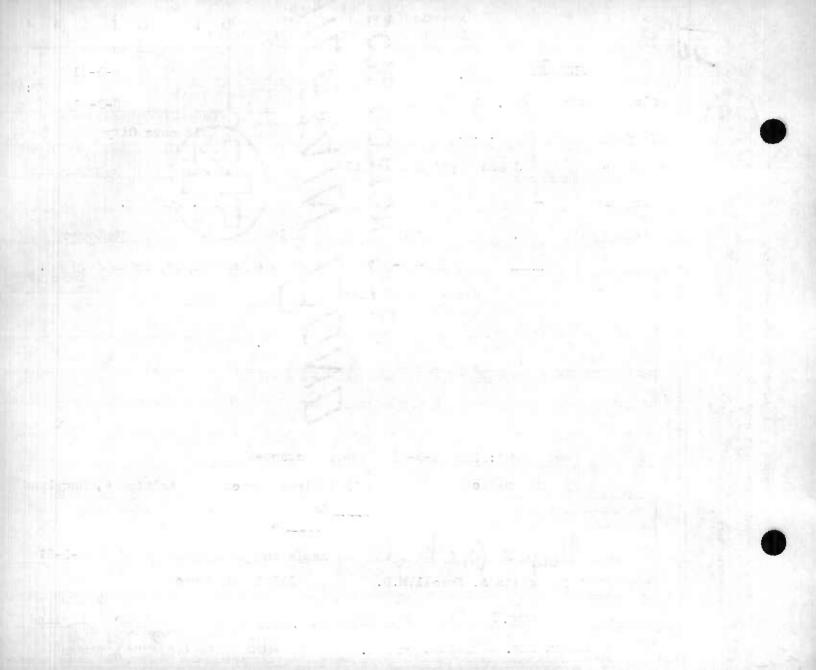
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Page 4 ma	1 1	EMPLE	B11	K	DATE OF BIRTH MONTH DAY YEAR 7 4 9		YEARS LAST BIRT DAY) YRS	MONTHS DAYS	HOURS MIN,
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME 2a. DATE KNOWN XX MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-JEFFREY WARD 8-3-819 4. RACE SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 24.427R DATE LAST BIRTHDAY) PRONOUNCED male. white Jan. 27 1959 22 DEAD 8-3-810 ам To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY U.S.A. Baltimore City DIVORCED WIDOWED Virginia B. GIVE PAGES 1, 2, AND 3 TO THE P. WITH FORM PM. 3. RETAIN PAGE 1. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 W. IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Johns Hopkins Hospital OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Laborer WTBurnett USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 COUNTY 13e. STREET ADDRESS Baltimore YES TX NO [lary and Port St 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRS LAST FIRST Ward 011ie Osborne 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO Charlotte Malecki 736 Priestford Rd. 218-74-5574 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT FERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIBUTLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stabwound to chest IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY UNDERLYING YOR MEDICAL 8-3-81 1:53AM subject stabbed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) 2501 Fleet Street CITY OR TOWN Baltimore, Maryland WHILE AT WORK AT WORK XX 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Inquiry deoth resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL DATE 8-3-81 Assistant MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. 111 Pe nn Street TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Meadowridge Mem. Pari Howard Maryland Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Lilly & Zeiler, Inc. 1901 Eastern Ave. 198 VR A15 ME (5) 15M 2/80



	1-	FOR STATE REGISTRAR			EPART!		EALTH	AND M	ENTAL HYG		REG. NO	11	4 6
A Second		CEASED NAME OR PRINT)	e FIRST MAGNO	ΤTΛ	WIDDLE		TATA	ARD		20 DATE K OF DEATH	ESTI- MATED	0 70 07	YEAR 26. HOU
	3. SE)	'emale	4. RACE black	5. DATE OF BIRTH MONTH DAY	YEAR	6. AGE (IN YEA LAST BIRTHDA 42 YR	RS IF UN	DER 1 YR.	IF UNDER 24 H	IRS. 2c DATE	CED	MONTH DAY	YEAR SHIDT
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ON ST., BALTIMORE 24 HOURS AFTER DEA ITEM 18. GIVE PAGES CORG WITH FORM P FERMIT. PAGES 1 AN PERMIT. PAGES 1 AN VAL.	(Y	ES, NO, OR UNKNO	OWN) (IF YES, GIVE	war or dates) ly ane cause per line			NO.	5 10	olph War	d 19		Saratoga	St.
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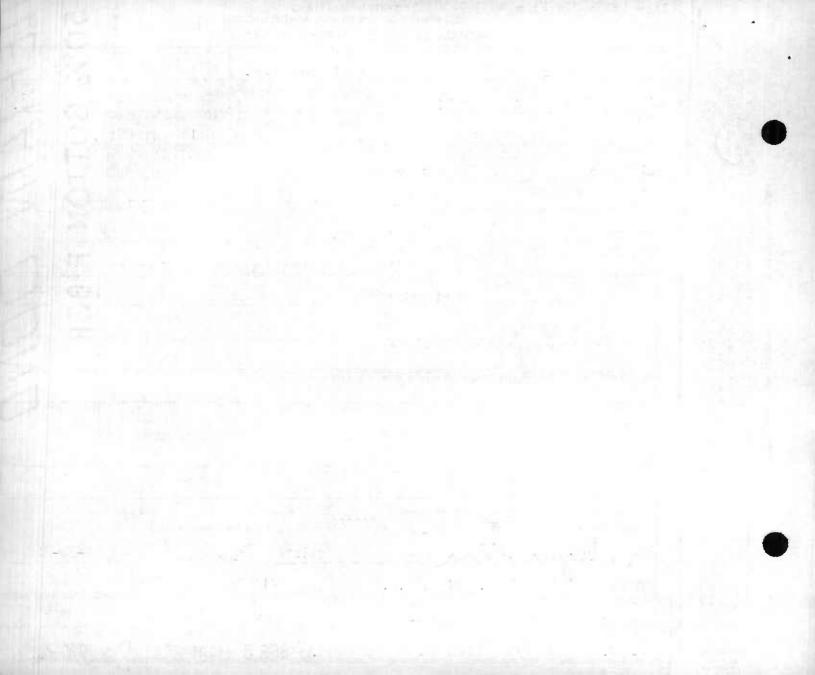
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4.	FOR STATE REGISTRAR					H AND M	ND ENTAL HYGIE CATE OF DE	LATH	2 REG. NO.	1	4	7
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10 CITY	OR TOWN OF DEATH		OF HOSPITAL, NI		OTHER INSTITUTION		OCCUPATION TOF WORKING LIFE		12b. KIND OF OR INDU:	
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	lying cause last.	under- DUE	TO, OR AS A CO	NSEQUENCE OF						
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IFICA			CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED?					NOF
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41.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	2 1 1	4 9
1. DEC	CEASED NAME FIRST	MIDDLE	LAST A	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR
deo	EDNA	E:	WATERS.	8	-31-81	3.73/
3 SEX	emale	Black	5. DATE OF BIRTH MONTH DAY 1902	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
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Part B	OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCOPATA (TYPE OF WORK FOR MOST O	ON 12b. KIND FWORKING LIFE) INDUSTR	OF BUSINESS C
-	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO	PRE ADMISSION)	1 Ketin	ed	
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ı troi	Conditions, if any, which gove rise to immediate cause (a), stating the					
1	underlying couse lost	DUE TO, OR AS CONSEO	bitus ulce.	25.		
٧, ٥	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(01
8 shows any injury.						
FICATI	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS USED ES OF DEATH?
Shows ERTIFI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale How Muley occur	YES NO	YES 🗌	NO 🗌
- /:	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	TY IN SEM 18, PART 1 OR PART 2)
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21 is 1	sow the deceased of the	8/3/ 19	, and that in (my) (our) opinion	death occurred on the de	ote and hour and from th	
Hem 2	Obove; (1) (we) (dist) (dist to	I wew the Kody after death.	DEGREE		77¢ DA	ISSIGNED.
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IMPORTANT: #	224 PHYSICAN PRO	R PRINT)	22e ADDRESS		11	1
5/	16,00	MONTE	40. 2600 4	iberty F	leights	9
200. 0	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BURITY \	9-4-81 /	oudon Park NATIO	EM BALTIK	nore	Md
	NERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE
R		ON F. H. 1912 1	J. RAHMISTIS	EP 3 1981	Garres La	1 tarthe

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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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OR ATT e hospit DIRECTO sched fo Dept. of		22b. SIGNATURE	(h) -	DEGREE		22c. DATE SIGNED
AL C the AL D detoc ote D IT: If			XV	ATTENDIN PHYSICIA	IG MEDICAL STAFF	
SPIT d by INER I be of tran	1	22d. PHYSICIAN'S NAME (TYPE	A 12 11 -	22e. ADDRESS	1.0000	0-01-
retained by the TO FUNERAL D should be detor with the State D IMPORTANT: If		< V	VAIR	5010	york Rovel	, Dalmal
5 5 6 8 8 A		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
BP	-	URTAL		SES CEMETERY	Drury A	Maryland
HMH - 16 50M 1/76			napolis, Md		DATE REC'D. BY REGISTRAR 256. REG	
(VR A 15 (4))	MI	LLIAM REESE &	SONS MORTUARY, P	.A.	AUG 5 1981	have Jan Harthy

The state of the s A CONTRACTOR OF WALES AND A STANDARD OF THE Danhales . Middle of Lond word and Bandysat Land garde

FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Cremation 8/12/1981 Green Mount Crematory Baltimore Maryland 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Walter Brooks Bradley Inc., Balto Md. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HP

IF UNDER 1 YEAR

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2	D		FOR STATE REGISTRAR	REG. NO.									
	. 64		1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	2a.	DATE OF DEATH 40N	TH DAY YEAR	26 HOUR				
			BARBARA	DALTON	WATLEY		AUGUST 6,	1981	10:43 AM				
ű.	-7mm		3. SEX	4 RACE	5. DATE OF BIRTH	VEAR 6. A	AGE (IN YEARS LAST BIRTHDA	MONTHS DATE	IF UNDER 24 HRS				
	7331	/	female	white	3 31		57	YRS.					
	TATE	83	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTR	MARRIED L NEVER	MARRIED -	BALTIMORE CITY OR CO		MD				
	nesse !	2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!	SING HOME OR OTHER IN		USUAL OCCUPATION		OF BUSINESS OR				
100	الم الم	23	Baltimore	JOHNS HOPE	KINS HOSPIT		retired		. Gov't				
TOUNDAIN	filed in	35	13a STATE TSH CC	e or other institution, give residence berounty 13c, City or to	WN 113d. INSIDE	CITY LIMITS? 13:	STREET ADDRESS 86 College	Parkway					
>	COL	1	14 FATHER'S NAME FIRST	MIDDLE LAST		R'S MAIDEN NAME	WIDDLE						
		01	Graham	Da:	Lton Ma	arjorie		Mc	Donald				
RALTIMOPE	xecu nd c	3	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATEST			ADDRESS		ton, Va.				
TIM	- C - C - C - C - C - C - C - C - C - C		no	 231 18	6606 Lynn	nette D.	Kottler 43						
AR TY NOT 38	g phy on pr		18. CAUSE OF DEATH LENter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gave rise to immediate	anly ane cause per line for (o) (b), USED BY: UATE CAUSE (a) Septic DUE TO, OR AS A CONSECT (b) Metal	orwer	cinoma		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH				
34 50	that the day the lease remind, creming		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC									
, >0	signe signe to bur		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL	L DISEASE OR CONDITIO	ON GIVEN IN PART 1	0				
Jacobia.	low report of the prior of the	7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	CH OPERATION WAS PERF	ORMED 2		IF YES, WERE FINDI					
INTERIOR OF VITAL	MSICIAN: The ding physicic physic physicic physicic physicic physicic physicic physicic physi			DEATH HOUR A.M. MONTH	DAY YEAR	NJURY OCCURRED	(ENTER NATURE OF INJURY IN I		NO G				
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	TAL OR, y the how the how the both detached to the bept to the best to the best the		226 SIGNATURE,	In farmely	M DEGREE	PHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN	8/	6/H				
	TO HOSPITAL Of retained by the TO FUNERAL DI should be detach with the Stote De With	1	Steven	M. Samuels	John	15 Apple	ins Hospita	el, Da	ltimae				
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Z	(VRA 15, 4)	1	PA FUNERAL DIRECTORYSON NAME 1331 Rockvill	Wheeler Funeral e Pike Rockvil	Home, Inc.	250. DATE REG	14 1981	Pianu Jan	Marth				

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Baltimore. Md.

Patapsco Avenue

DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)

STATE OF MARYLAND

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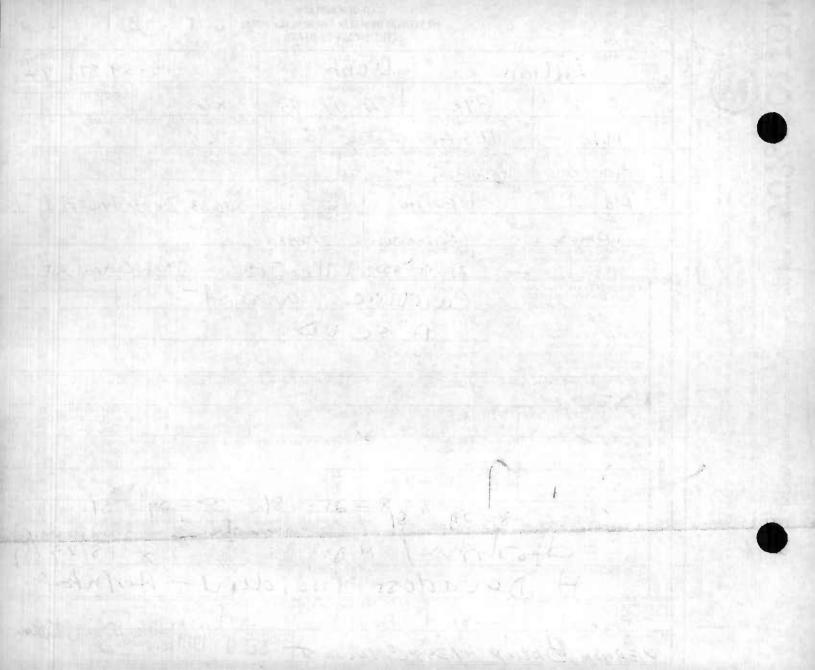
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STATE OF MARYLAND

FOR

(VRA 15 (4))



6	1	FOR - STATE REGISTRAR	DE	PARTMENT OF HEA	OF MARYLA ALTH AND N CATE OF D	MENTAL HYGI	ENE 8	2 1	1 5	6
e & &		CEASED NAME FIRST	WIDDLE	LAS	1			MONTH DAY	YEAR 26 H	HOUR
noy be		Dono		WEBE	R			31	81 3	3 43
4 mg	3. SE		4 RACE	5. DATE OF	BIRTH	YEAR	AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR IF UN	NDER 24
s o s		Female	CAUCASIAN	9	24	1920	60	YRS.		
(M)B	5	COUNTING TATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED WIDOWED	NEVER M	ARRIED .	BALTIMORE CITY O		CITY	
1 13 B7		BALT INORE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV MERCY	NURSING HOME OR VE STREET ADDRESS) LADS 1913,		ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE)	126 KIND OF BUS	INESS
Filled in the state of the stat	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO	UNTY 13t. CITY O		3d INSIDE CIT	TY LIMITS?	3e. STREET ADDRESS	hapel	Rb.	
omplete Somi	2	PAUL	Weldner	AST		MAIDEN NAM FIRST MARY	TANE.		Demar	es
be execu			ARMED FORCES? 166 SOCIA GIVE WAR OR DATES) 2/8	1-07-848	7 INFORMAN	EARL	C Weber	SS	SAM	e
ow requires that the doben signed by the or mut. Then please remay prior to burial, cremationly injury, or other tro	CERTIFICATION	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196. CONDITION FOR V	IG TO DEATH BUT NO	11-17-7		NAL DISEASE OR CONT	1100	IN PART TO	JSED
hos per	E						YES TO NOT	IN CERTIFYING	G CAUSES OF DI	EATH
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ATTENE ospitol o ECTOR: ed for use of the or m 21 is r		saw the deceased alive o	pital) attended the deceased on 131 not) view the body after death.	_19_ <u>8</u> and		aur) apinian de	ath accurred an the da	te and haur an		s state
TAL OR RAL DIR detoche tote Dep		1 Then	lum		PI		MEDICAL STAF		220. DATE SIGNI	1/
etoined by TO FUNER should be di with the Sto		22d. PHYSICIAN'S NAME (TYPE	Henberson		BAL	301 S	mn.	_		
BP	230	SUPPLICATION, RIMOVA	AL 236 DATE 3/81	231. NAME OF CEN		REMATORY	23d. LOCATION CITY DWN	170 "	UNITY M	LATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR		bress & 800 H	laster	25a. DATE	REC'D. BY REGISTRAR	756 REGISTRAR	SSIGNATURE	/_

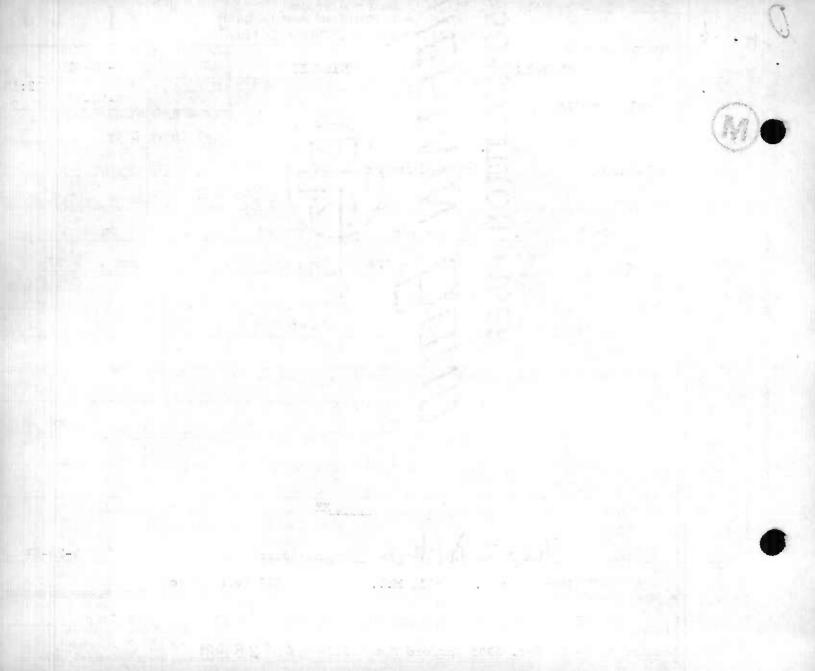
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STATE OF MARYLAND

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1 4	1 - STATE	#18a-22a F		DEPARTMENT	OF HEALT	H AND ME	NTAL HYGI	EATH	211	5 8
W-49-	REGISTRA 1. DECEASED N (TYPE OR PRINT)			MIDDLE RICHARD		LAST EISHEIT		20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY	YEAR 2b. HOUR
RECTOR UR FILE SHOUR N STREET	3. SEX male	4. RACE white	S. DATE OF BIRTH	6. AGE	IN YEARS IF U		IF UNDER 24 H		8-24-8J	YEAR 121940
133	FOREIGN COUN Mary	(STATE OR TRY)	76. CITIZEN OF W	HAT COUNTRY?	1		ER MARRIED [9. BALTIMORE CIT	Y OR COUNTY OF DE	
20	Baltim	ore	622 H	SPITAL, NURSING H ACILITY, GIVE STREET ADDR ATWOOD AV	enue	HER INSTITUT		USUAL OCCUPATION EOR MOST OF WORKING LIEE) Longshorema	(TYPE OF WORK 126 KIND	
35	USUAL RESIDEN 130. STATE Marylar	ICE (IF IN NURSING HOME 136. COUI		13c. CITY OR TOW Baltimor	/N	13d. INSIDE CIT		STREET ADDRESS	Avenue	
Z	160. WAS DECE	elvin ASED EVER IN U.S. AI	MIDDLE C. RMED FORCES?	Weisheit		FIR	garet	AME MIDDLE A. ADDR	Heyman	
DIVISION /	YES, NO, OR UI	KNOWN) (IE YES, GIV	/E WAR OR DATES)	218-70-6	074	Mrs.	Susan	M. Weisheit		13
SIAIE DEPARTMENT OF HEALTH AND MENIAL HIGHEN 7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gove cous lying PART 2 011	ditions, if any, which rise to immediate (a) stating the <u>under</u> cause last.	(c) (b)	R AS A CONSEQUEN R AS A CONSEQUEN BUT NOT RELATED TO THE	ICE OF	SE OR CONDITION	GIVEN IN PART 1 : a	u.		
7	19a DATI	OF OPERATION	19b COND	ITION FOR WHICH O	PERATION V	WAS PERFORA	MED?	TATAL	1.2	TOPSY?
3		RNAL CAUSE WAS ING OR BUTING CAUSE OF	21b. TIME C HOUR A.I F DEATH P.I	M. MONTH DAY	YEAR	10W INJURY	OCCURRED IER	NTER MATURE OF INJURY IN 11EA	M 18 PART 1 OR PART 2)	J. M
	UNDERLY CONTRIE 21d. INJU WHILE AT WOR	RY OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOA CTORY, FARM, ETC.)	AE. 21f LC	STREET		CITY OR TOWN	COUNTY	STATE
		N	rge of the remains de jural couses A,	Accident ,	Suicide C	, Homici	PEC IFY)	Inquiry , ndetermined monner	and in my opinion , DATE SIGNED 8	- 24-81
BALTIMORE, MARYLAND, 2	EXAMINI (TYPE OF	er's NAME Marg	garita A.	Korell, M	çD.	_ADDRESS		enn Street		
	(SPECIEY)	MATION,REMOVAL Burial IRECTOR	8/27/81	Gardens		OR CREMATO aith Ce	em. 1	d LOCATION CITY OR TOWN Baltimore D. BY REGISTRAR 25b. R	COUNTY Maryland REGISTRAR'S SIGNATURE	STATE
(5))	Leonard	J. Ruck,	Inc. 5305		Road 2.	1214	AUG 2	6 1981	. Va 9%	Then



			1-	FOR STATE		DEPARTA	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HY	GIENE 8 2	1159
(2		DEC (TYPE	OR POINT	IRST	MIDDLE A	1	AST Sr.	REG. NO. 26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
			3 SEX		1FTON 1 RACE	(10)	5. DATE (OF BIRTH	6. AGE (IN YEARS 1 - ST BIRTH DAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
(anh Page and directly hours	5	7a BII	RTHPLACE (STATE OR FOREK	GN 76 CITIZEN C	of What COUNTRY?		D NEVER MARRIED	82 YRS. 9 BALTIMORE CITY OR COUNT BALTIO (Y OF DEATH
10	of the ton	15	10 CI	BALTO CITY		OF HOSPITAL, NURSIN	DERESE)	DROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Mechanic	126 KIND OF BUSINESS OR INDUSTRY Balto. Trans
ND 2120	124 hours	35	USU A 130 S	L RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	ON, GIVE RESIDENCE BEFORE 13. CITY OR TOWN Baltimo	ADMISSION	134. INSIDE CITY LIMITS?	3301 Cliftmo	21213
MARYLA	and without on a 2 th	38		ther's NAME ohn Weller	MIDDLE	LAST		Sophie	MIDDLE	Bonn
IIMORE,	on and ca L'Pages 1	1		(AS DECEASED EVER IN 1 ES, NO OR UNKNOWN) (1F	U.S. ARMED FORCES YES, GIVE WAR OR DATES)			17 INFORMANT Ida Weller	Same as 13e	
ST., BALI	a physics on poper emoval event, flg			18 CAUSE OF DEATH (E PART I. DEATH WAS IM/	Enter only one cause CAUSED BY: MEDIATE CAUSE (a)	per line far (a), (b), and				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON	death ce attending are carb thon, or i thomatic		7	8842 Conditions, if any, wl	hich (b)	OR AS A CONSEQUE		ino Turn	71-2	
01 W. PS	that the d by the ease rem ol, cremo			gove rise to immedicause (o), stating underlying cause I	the DUE TO.	OR AS A CONSEQUE	NCE OF	Ac	adont.	
ORDS, 21	requires or to bur y injury, or		TION	Dem	entie, (2) hip for	ac fur	-	minal disease or condition gr	
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DIVISION OF VITAL	SICIAR ng ph certifu uriol-tr Ventoll	9	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 214. INJURY OCCURRED	SE OF DEATH HOUR	A.M. MONTH DA P.M. EE OF INJURY	Y YEAR	FELL GET	TING OUT OF	BED.
DIVISIO	ING PH r offens After thi as the l Ith and	9	ME	WHILE NOT WHILE AT WORK	(AT HOME.	STREET, FACTORY, OFFICE, FA	ARM, ETC.)	3701 CLIFT	HONT AUF BA	STATE MO
4	ATTEND nospital and tectors. At of Head for use and to the sem 2 Ms m	30		220.1 certify that (1) (thi saw the deceased o above. (1) (we) (did) 22b. SIGNATO	9.1.	19_	- (- 1/	n death occurred of the L	
	by the the by the the tent of			234 PHYSICIAN NAME	M. S	Sheri N	S	CERTIFICATION	APPROVED ON MEDICAL ASSAMINES	8/26/81
61	TO HOSPITAL TO HOSPITAL TO FUNERAL should be deto with the State I	4	23a P	URIAL CREMATION REA	in Sc	He12	AME OF C	EMETERY OR CREMATORY	HAR. BA	CTO 21215
26	4-BP		(5	PEC#Burial	8/29,	/81]	mmar	uel Luther	CITY OF TOWAL	
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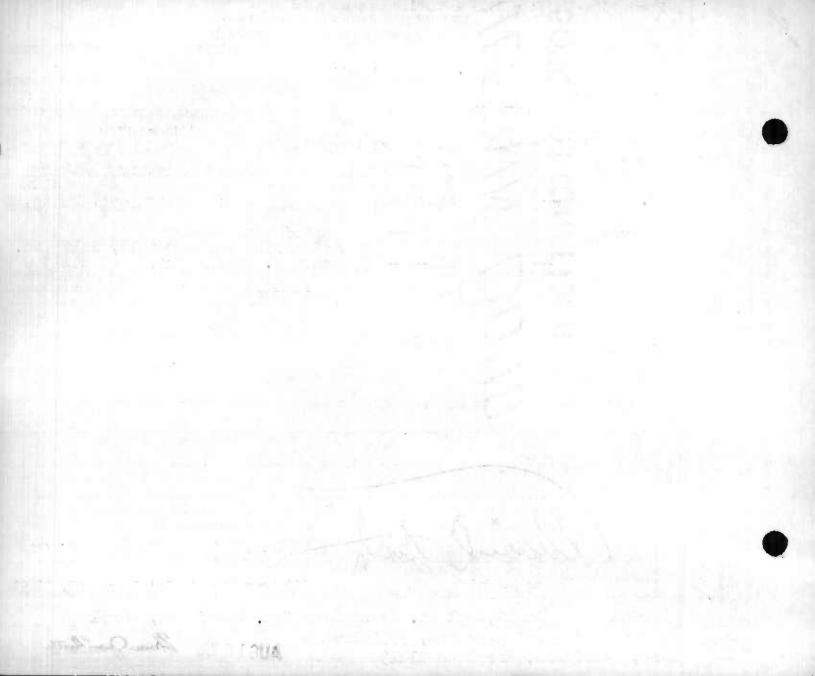
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME LAST 2n DATE OF DEATH MONTH TEMPTE WELLS AUGUST 15. 1981 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR MONTH Female White Feb 12 1906 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. New Jersev WIDOWED BALTIMORE CITY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore Homemaker Housewife THE JOHNS HOPKINS HOSPITAL JOUAL RESIDENCE OF NURSEIL HE COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS New Jersey Franklinvill R.D. 1 Box 370 14 FATHER'S NAME MIDDLE Richard Patience Stanley Stanley ADDREFSranklintown. N.J. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES 221-46-1159 Arthur Wells RR#1 RD. Box370 08322 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) RESPIRATORY ARREST ENAMEN. DUE TO, OR AS A CONSEQUENCE OF ADENO CARCINOMA Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost RINAL FAILURS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COLINITY STATE AT WORK NOT WHILE AT HOME STREET FACTORY, OFFICE, FARM, ETC 1 220.1 certify that (1) (this hospital) ottended the deceased from. . 19 . 8 / ..., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed alive on. obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN July b. ROBERT C. KLEINGR, MO JOHNS HOPKINS HOSPITAL Shoul with 230. BURIAL, CREMATION, REMOVAL 236. DATE 1981 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP. Burial Aug 18 Silver Brook Cem Wilmington, Delaware 24 FUNERAL DIRECTOR DHMH 16 50M 1/81 Baltimore Md. ADDRESS. 21225 (VRA 15. 4) George J. Gonce 4001 Ritchie Hgwy

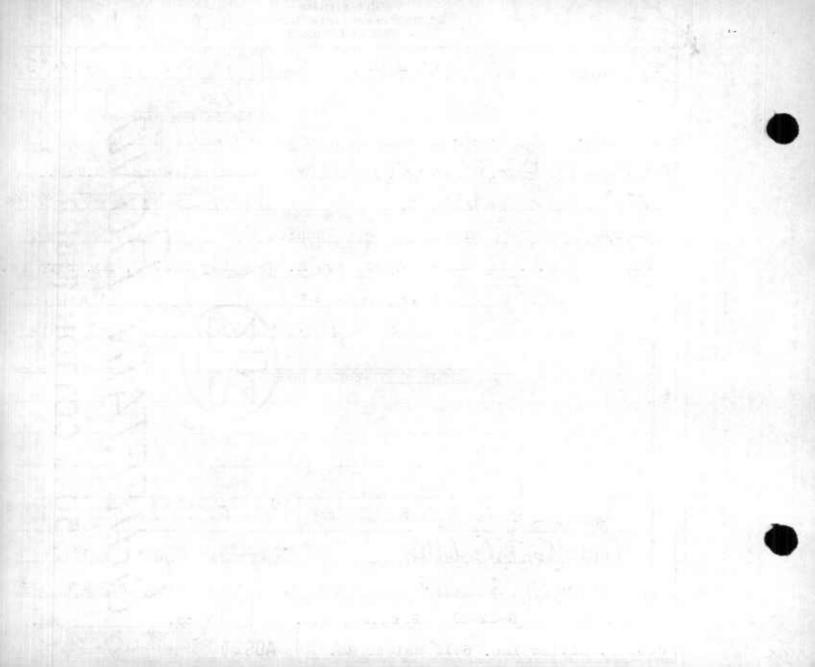
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II DE	STATE REGISTRAR		MEI	DICAL EXAMIN		ERTIFICATE	. (2	REG. NO.	1 1 0	
	PE OR PRINT)	FIRST Eugen	e A	• Wesc	olows	LAST	2a. DATE OF DEATH	KNOWN A MON	8 19 8 1	2b. HOUR
3. SE	x ile		DATE OF BIRTH DAY 12-30-3	6. AGE (IN Y LAST BIRTH	DAY) MONTH	DER 1 YR. IF UNDE	R 24 HRS. 26 DAT MIN. PRONOU DEA	INCED _	8 1981	24 HOUR 3:09 A. M
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190	Baltimo	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Tern Avenue	E. OR OTH		FOR MOST OF WO		OR INDUS	TRY
13a. S	AL RESIDENCE (I	IF IN NURSING HOME OR O	OTHER INSTITUTION, GIV	e residence before admiss 13c city or town Baltimor	-	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDR		2	1224
20 F	ather's NAME FIRST Tancis	Adam	WIDDLE	LAST		Antoine	ette Skw	MIDDLE irut	LAST	
160.	WAS DECEASED YES, NO, OR UNKNOW	EVER IN U.S. ARME	ED FORCES? AR OR DATES)	219-26-8			324 Ches Wasolo	terrield wski,	, Balto 2121	
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FICATIO	190. DATE OF C	DPERATION	196 CONDIT	ION FOR WHICH OPE	ration w	AS PERFORMED?			20 AUTOPS	
	TIE EYTERNIAL	CAUSE WAS	21b. TIME OF						YES LZ	NO 🗆
SCAL CERTI	UNDERLYING CONTRIBUTING	G CAUSE OF DE	HOUR A.M.	MONTH DAY YEA	.R		RED (ENTER NATURE OF II	NJURY IN ITEM 18 PART 1 OF	R PART 2)	
MEDICAL CERTIFICATION	UNDERLYING	G CAUSE OF DE	HOUR A.M.	MONTH DAY YEA	R MILO	EATION	RED (ENTER NATURE OF II		R PART 2)	STATE
MEDICAL CERTI	UNDERLYING CONTRIBUTING	COURRED NOT WHILL AT WOR	HOUR A.M. P.M. FIR PLACE C	MONTH DAY YEA 19 19 10 10 10 10 10 10 10 10	Altop	CATION	on . Inquiry Undetermined in	own y, and in my nonner,	COUNTY y apinian	
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272. I certify that (I) (this haspital) attended the deceased fram	1 TO	DIC		21e. PLACE OF INJURY	211. LOCA	ATION			a Out of the	
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John C. Miller Inc 6415 Belair Rd. AUG 20 1981 Manu Can Marth	2/80	24. F	JNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR 2	Sh. SISTRAR	SSIGNATURE	
I A THE AT THE TITE A THE DETAILS TWO I TIME A LACT.	4)	J	ohn C. Miller	Inc. 6415	Belair Rd.	IA.	JG 2 0 1981	Manne (Jantha	stlen



A. ATan eitz Funeral Home 3818 Roland Ave.

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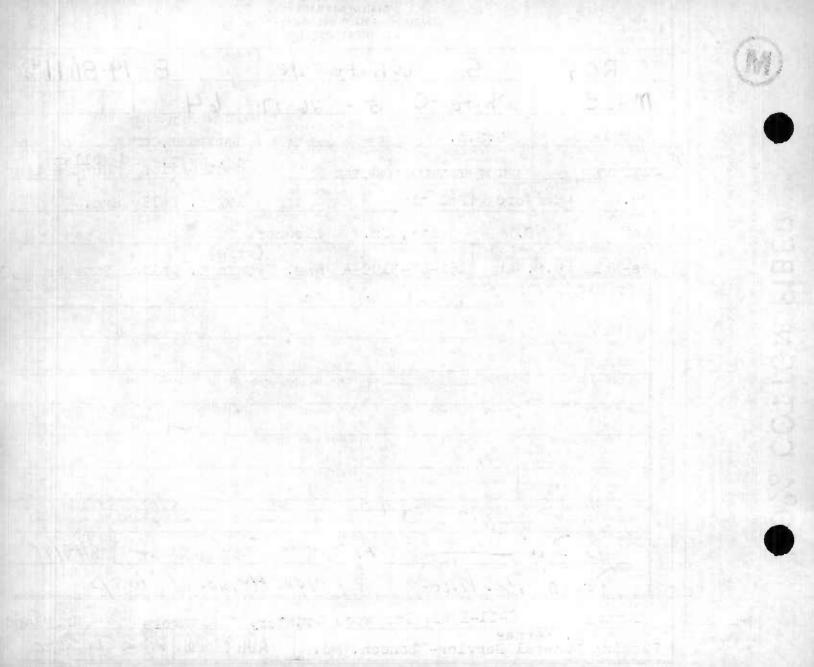
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 26 HOUR 06 IF UNDER TYEAR IF LINDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, Md. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1511 Pentridge Rd (apt 262) Severns Mrs. Mary Whitacre-1511 Pentridge Rd ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE OR CONDITION GIVEN IN PART 110 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 221. DATE SIGNED Baltimore Mar land STATE

TO BY LESTRA HARLING WARLING

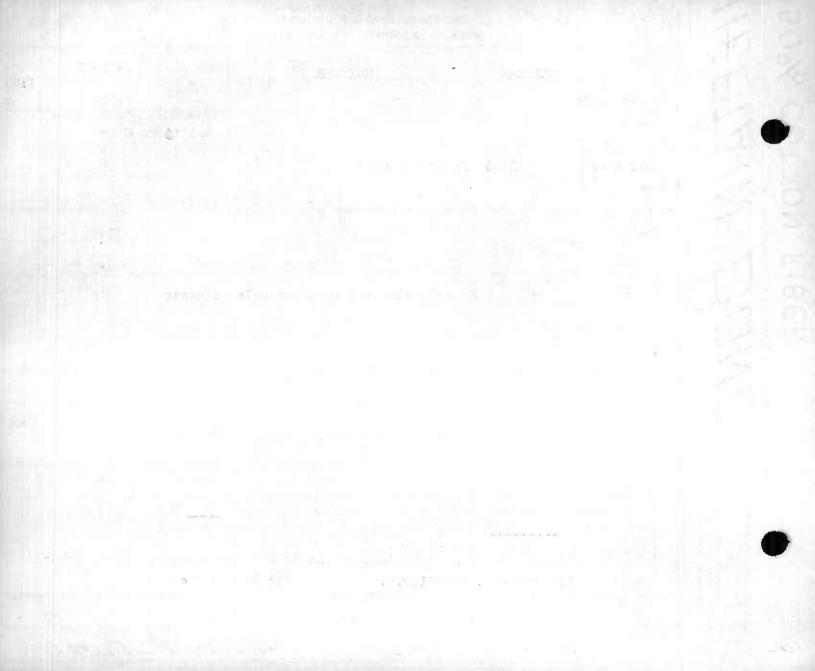
Baltimore City, Bu. To be break to the street of t (the date of the subridge of the state of th Howard A. Pranton OST-US- 7530 - Mary Whitemore -1511 Pendude a Red sonia inst. Ja like Michael e. Simming Burish 18/0/11 1000min very Com Burshawe. Tak Januar 1. Also Telta Funeral Hora Sold Found 've.

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Shy Cal.	3. SE		RACE	5 DATE OF BIRTH		F UNDER 1 YEAR # UNDER 24 HRS
Mish 18		Lemal	Block	MONTH DAY 3 YEAR	71 YRS.	ONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
A dear	2	me	USA	WIDOWED DIVORCED	CITY	MD.
or afte	10 C	C (T)	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS! Home	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
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ARYLAND 2120 ed within 24 hou sed within 24 hou sed within 24 hou sed within 24 hours and sed within the sed wi	13%	ma	13. CITY OR TOW	YES NO	1136. STREET ADDITESS	more Md
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STO	-	Conditions, if any, which	DUE TO, OR AS A CONSEQU	Comme nastil	lar disesse	mo 1979
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W. PRESTON ST that the death ce by the attended e remove c. thost c. cremation, certain		couse (a), stating the underlying cause last.	DUE TO, OR AS CONSEQUI	ENCE OF		
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DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The law requires strending physician. After this certificate has been signed is the burial-transit permit. Then pleas the hand Mental Hygiene prior to burial marked or frem 18 shows any injury.	Z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		N IN PART 1(a)
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	100	sow the deceased alive on	10 ans, 195	ond that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
H is R P to E		obove, (l) (wo) (did) (did not) v 226 SIGNATURE	view the body after death.	DEGREE		22c. DATE SIGNED
- 01 . ()		Edmin 10	Banalla.	ATTENDING	MEDICAL STAFF	10 000 01
PITA by the ERAL State ANT:		22d. PHYSICIAN'S NAME (TYPE OR PE		PHYSICIAN [DIRECTOR PHYSICIAN	10000
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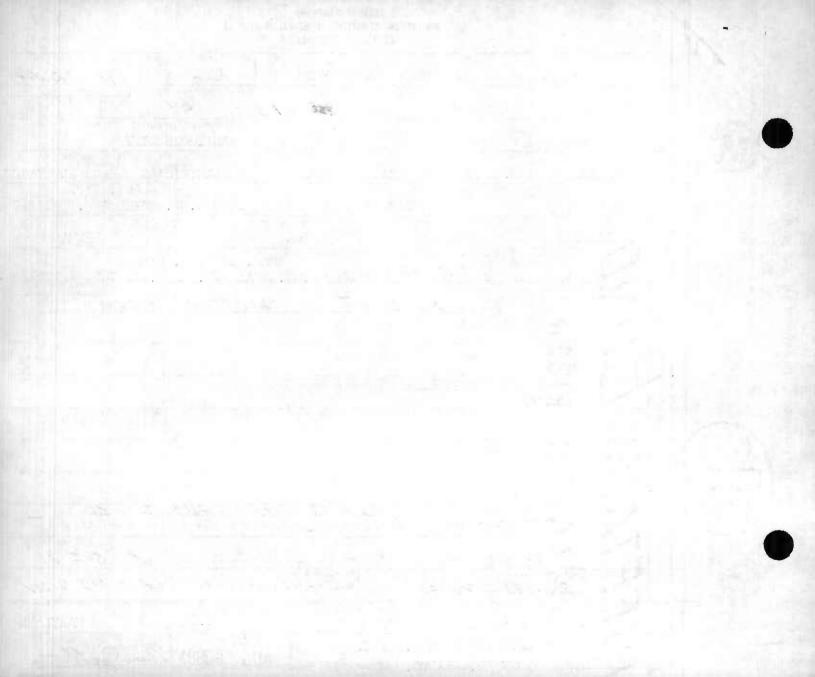
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	W	T. DE	CEASED NAME PE OR PRINT)	FIRST		WIDDLE	Whi	tehurst	20. DATE KNOW OF ESTI-	'N MONTH	DAY YEAR	26 HOUR
	EES TOR SEET SEET SEET SEET SEET SEET SEET SEE	3. SE	v 1/	BLA I. RACE	ANCHE S. DATE OF BIRTH	I4 ACI			DEATH MATE	WONTH	DAY YEAR	21 P28
	PRECTOR. DOR FILES. 177 HOURS ON STREET,	fe	emale	black	3 22	O4 7	BIRTHDAY) MON		MIN. PRONOUNCED DEAD	8-23-		T 120
	Sea Control	7a. B	IRTHPLACE (STA DREIGN COUNTRY) N.	C.	76. CITIZEN OF W	HAT COUNTRY?		HED NEVER MARRIE	- Dal+3	ore City		
	PAGE PAGE PAGE PAGE	1	altimor			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (ENOTIN SUCH FACILITY, GNE STREET ADDRESS) 12004 Kennedy Avenue					OR INDUSTR	SINESS
21201	SEATH, IF ANY DELAY IS NE SES 1, 2, AND 3 TO THE FOLK AND 3 RETAIN PAGE 5 AND 2 SHOULD BE FILED FOLK STAND TO SECOND SE THE SECOND SECO	USU. 13a. S	AL RESIDENCE (I	13b. COUN	OR OTHER INSTITUTION, G		ADMISSION)		13e. STREET ADDRESS 2004 Kennedy	Avenue		
RE, MD.	DEATH. II		ATHER'S NAME FIRST SSE		MIDDLE	Artis	t	15. MOTHER'S MAIDEN	NAME	Whi	te (AST	
BALTIMORE	AFTER D IVE PAG H FORM NGES 1	16a. \	WAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SE 245-48-		17. INFORMANT	. Russell 17	RESS		10
PRESTON ST., B.	E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. TE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IB. GIVE PAGES I, RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM, PM. S. PAGES 3 SHOULD BE USED AS A BURIAL, TRANSIT PERMIT. PAGES I AND S. TSTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITO, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PARTIDEA Canditions	ATH WAS CAUSE	TE CAUSE (a) A.		erotic		lar disease		APPROXIMATE BETWEEN ONSET	INTERVAL
CORDS, 201 W.	BE EXECUTED WINDING" IN PEN NDING" IN PEN NEDICAL EXAMIL NS A BURIAL - TR NTH AND MENT NEWATION, OR	NO	lying caus	COUSE (a) stating the under- lying couse last. (c) RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								
ITAL RE	SHOULD DRD "PE CHIEF A E USED / T OF HE/ URIAL, C	CERTIFICATION	190 DATE OF	OPERATION	196 CONDI	TION FOR WHICH	OPERATION V	VAS PERFORMED?			20 AUTOPSY?	NSK EX
DIVISION OF VITAL RECORDS,	CERTIFICATE STING THE WE SED TO THE BEST TO THE BEST TO THE BEST T	MEDICAL CER	21d INTURY OF	OR G CAUSE OF	DEATH P.A	A. MONTH DAY	YEAR	OW INJURY OCCURRED OCATION STREET) LENTER NATURE OF HUJURY IN IT	EM 18 PART 1 OR PART		STATE
•	TO MEDICAL EXAMINER: THIS (EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BAITIMORE, MARYLAND, 21201		death resulted	that I taak charged fram: Natu	ge of the remains de projection of the second of the secon	Accident ,	Suicide	Homicide TITLE (SPECIFY) A.D. Assistant		and in my apin , DATE SIGNED		
2900	Bb——	(URIAL, CREMAT SPECIFY) Burial	ION, REMOVAL	236. DATE 8/26/81			or CREMATORY ial Park	13d LOCATION City or town Laurel	COUNT	Md	ATE
Leh	DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	UNERAL DIRECT		F/H 1101		Avenue		G 2 5 1981 256.	Reme Qu	MATURE	1



· · N	1	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 1 2	2116/
6	I. DE	CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
A PA		NORH	70 6	EWTON in	TEXER	/	2 1981 10:06 PM
ctor, Ps safte	3 SE	MALE	4 RACE WHITE	5. DATE C	DAY) YEAR 1903	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
69		IRTHPLACE (STATE OR FOREIGN OUNTRY) NEW YORK	76 CITIZEN OF WHAT O	OUNTRY? 8. MARRIE WIDOWE		BALTIMORE CITY OR COU	
by Indian	10 C	BALTIMORE	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK II) ELECTRICIAN	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY ELCO ELECTRICS
in 24 hours in 24 hours should be fill	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COUL MARYLAND		DENCE BEFORE ADMISSION) Y OR TOWN BALTIMORE	13d INSIDE CITY LIMITS? YES XX NO _	130 STREET ADDRESS RO	APT. 1107 DYAL AVE. #21217
MARYLI ond 2 st	14 F	ATHER'S NAME ISADORE	WI	ENER	15 MOTHER'S MAIDEN NA	MIDDLE	NEWMAN
BALTIMORE, cote be execut ysticion and co ppers. Pages 1, vol. it, the medical	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SO SE WAR OR DATES) 57	7-07-1955/		S. BETTY A. WIE	
es that the death certificate by the attending phypicase remove carbonp, please remainion, or remained, y, or other troumatic ever	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A (CONSEQUENCE OF		AINAL DISEASE OR CONDITION	APPROXIMATE NITEWAL BETWEEN ONSET AND DEATH HOW
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low required offending physicion. After this certificate hos been signs the burrol-tronsit permit. Then the ond Mental Hygiene prior to be acked or Item 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	n was performed	20a AUTOPSY? 20b. II	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physici certificate ornal-tronsi ental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETE FITHER, NOTIFY MEDICAL EXAMINER	P.M.	ONTH DAY YEAR 19		RED (ENTER NATURE OF INJURY IN ITEM	s 18, PART 1 OR PART 2)
DIVISION OF PHY offer this first this os the but his ord M h ond M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AL OR ATTENDI the hospital or AL DIRECTOR: A lefoched for use the Dept of Heal		22a.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	- Kil6.2	19 <u>81</u> , or	DEGREE	deoth occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the causes stated 22c. DATE SIGNED 8-2-81
TO HOSPIT. TO FUNER Should be day with the Sto		22d PHYSICIAN'S NAME (TYPE C	ARA - SOAK	P.EP	22e ADDRESS	GEN. HORP. BA	1 CT. NO 21218
40/ BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 8/4/81		EMETERY OR CREMATORY FILOH	23d. LOCATION CITY OR TOWN	COUNTY MARYLAND
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR SOL 6010 REISTERS	LEVINSON &		· n		GISTRAR'S SIGNATURE



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	#	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2	6 9
			CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY YEAR	R 25 HOUR
y Se	death death		MARTE			Н	WILH	ELM	AUGUST 21	1981	2:35 P
may	- 5 p	3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
90 0	a de la companya de l		Female	1	W	nite	Jun		47	YRS.	MIN.
9	では、原と	- 'B	RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A P.D.IE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
leath	1000	1	laryland	11/19	U.S	5.A.	WIDOWE		BALTIMORE C	TTY	WE
- La	30 304	10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		PROTHER INSTITUTION	126 USUAL OCCUPATE	ON 12b. KIN	D OF BUSINESS OR
10 S of	33 CO	100	Baltimore	1	THE	JOHNS HOL	PKTNS	HOSPITAL	Homemake	er	KI
2120 2120	158 ED /	USU 130.	AL RESIDENCE (IF NURS	ING HOME OR	TENSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Balt., Md.	21206
NN 24	filled onld		aryland		timore	Rosedal		YES NO M	5923 Day	break Terra	ice
SYLE High	1 2 sh	14. F/	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		
WA P	Jewal and		John		MIDDLE	William	s	Dorothy	WIDDLE	Hoch	1 1
RE,	ond co		VAS DECEASED EVER			166. SOCIAL SECT	JRITY NO.	17 INFORMANT Husb	and: ADDRE	SS Balt. N	Md. 21206
OW I	Pog med	,	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-30-7	967	Karl D. Wilh	elm 5923 Da	aybreak Ter	race
ALT of the b	sicia pers. al.		18 CAUSE OF DEAT	H (Enter onl	y one cause per	line far (a), (b), ar	rd (c).)				ROXIMATE INTERVAL EEN ONSET AND DEATH
T, B	anpaper anpaper emaval. event, th		PART I. DEATH W	AS CAUSED	Ó BY: E CAUSE (0)	card		apiratory 0	arrest		1 12 mins
N ST			1820	MANGERIAN		R AS A CONSEQU				1-0:	
STO	attendin nave carb atian, ar i troumatic		Conditions, if any,	which	((b)	Bilaring	DI	ural effer	sier e in	tiltravio	
4 s	the o		gove rise to imr	nediote	DUETO	R AS A CONSEQU	ENCE OF	00			
201 W	by the ase rer al, crem ather			last.	(6)	OJOYAU	wo	ancer gray	KIV		
	aned purio burio y, ar		PART 2 OTHER SIGN	NIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	T 1(o
RDS	n signi Then p r ta bu injury,	O									
DIVISION OF VITAL RECORDS,	prio any	CERTIFICATION	19a. DATE OF OPERA	TION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
Pe A	has has	TIE			2/10				YES NOW	YES	NO [
Z Z	haing physician. his certificate has burial-transit per Mental Hygiene ar Item 18 shaws	CER	210. ACCIDENT WAS UNE		215. TIME C		AY YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)
Ö Ö	certifica certifica orial-tran ental Hy Item 18	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		111	.M.	19				
SION OF VIT	his c d Me d Me	MEDICAL	21d. INJURY OCCUR	RED		OF INJURY		211 LOCATION	CITY OR TO	wn county	STATE
SIN S	After the e as the alth and marked	×	WHILE NOT WE AT WO	IILE	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	JINEE			3,441
0		14	220.1 certify that (I)	(this haspit	al) attended th	e deceased from.	AH4	19.81	to Aug.	2 19 1	, that (i) (we) last
TEN TEN	nospiral IRECTOR: hed for us ept. of He Item 21 is	П	sow the decease abave, (1) (we) (c	ed alive an	214	WSUST 19	81,01	d that in (my) (aur) apinian	death accurred on the do	ate and have and from	the causes stated
W .	DIRECTORNEL DIRECTORNEL Dept.		726 SIGNATURE	/ Glo Hai) a 1	direy dedin.		DEGREE		22c. D/	ATE SIGNED/
	The AL DIS		6/01	1	you	7/11	K	ATTENDING PHYSICIAN	MEDICAL STAF		12/18/
SPIT	FUNERAL old be det or the State		22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT	100		22e. ADDRESS	1 / I		
HOSPITAL			1200	HY	un T	Valle		Cara prico	10gy Joh	ns Hook	ins Hosi
5	of of M	230.	BURIAL, CREMATION,	REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	173d LOCATION	7.10	
P	3P		Burial		Aug 25			nd Memorial	Baltimo	re Ma	ryland
		24 F	UNERAL DIRECTOR		L-00 5>	H. P. P. C. M.			E REC'D. BY REGISTRAR		- 0
	I-16 30M 2/80 /RA 15, 4)		Leonard J	Puo	k Inc	Reltir	nore.		JG 2 4 1981	Many Ja	n Man Clan
			neonard o	· Ruc.	To THE.	1007.071	20109	A	00 ~	V 4	

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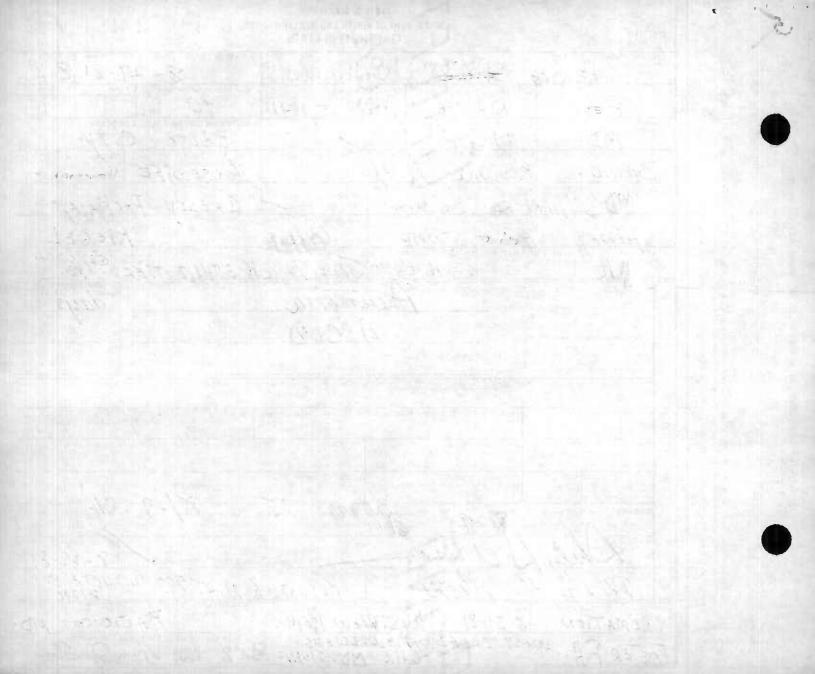
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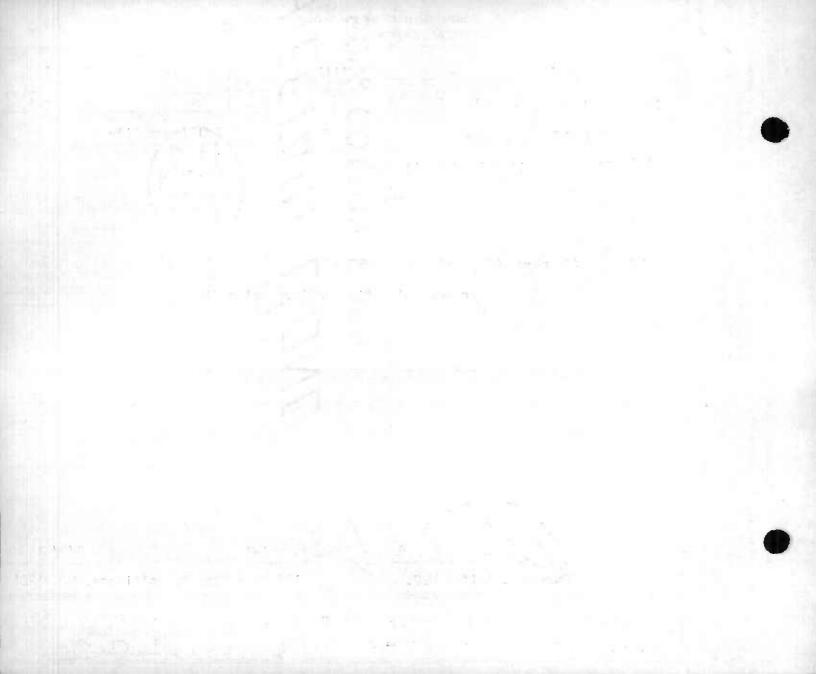
10	1	Items 19a.,	20a.,21a2	lf. & STATE	OF MARYLAND	0 1	2 1	170
. 18	1.		ilm#G560 DEP/	ARTMENT OF HE	CATE OF DEATH		6	, , ,
	I DE	CEASED NAME FIRST	MIDOLE	LA.	SŤ	REG. NO	AONTH DAY YE	AR 26 HOUR
ge pe	IIAb	JAMES	L.	Wi	LLDERS	C	13 8	
4 ma or. po	3. SE	X M	RACE (,)	S DATE OF	F BIRTH	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER I	
	le R	IRTHPLACE ISTATE OR FOREIGN 7b.	CITIZEN OF WILLT COUNT		3 16	64	YRS.	
		FRED. MO.	USA	MARRIED	NEVER MARRIED DIO DIVORCED	9 BALTIMORE CITY OR	CITY OF DEAT	H MD
on s off	7 10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	IRSING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) INDUS	ND OF BUSINESS OR
ours o	JUSTI	AL RESIDENCE LIF NURSING HOME OF OTH	MERCY	SEFORE ADMISSION)	TAL	Custodian		mco Steel
W. PRESTON ST., BALTIMORE, MARYLAND 2120 of the death certificate be executed within 24 hours by the attending physician and completely filled in by the attended physician and completely filled in by cremove carbonopopers. Pages 1 and 2 should be filled in the transmitted of the medical examiner must be not attended.	130	MD. 136 GOUNTY		TOWN	13d. INSIDE CITY LIMITS? YES ₩ NO □	130 STREET ADDRESS	ergen i	JAM
within within d 2 si	14 F/	ATHER'S NAME	DLE LAST		15 MOTHER'S MAIDEN NA	ME		IAST J
manufed was	1	HENRY	WILL	DERS	SARA	H	FRIN	INERFROCK
AORE and and ages		WAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) I IF YES, GIVE W.	AR OR DATES)		17 INFORMANT			D. 21205
MITIM Cion Cion He m	-	No I			Catherine	Willders, 1		
T., B.		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	1 pos) AC	Annest		BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
ON ST		7070 IMMEDIATE C	DUE TO, OR AS A CONSE		MACCAT			
RESTO e death nave co ortion, c		Conditions, if ony, which	(b) SEP81.		MANDIAL	TNEARCTIC	M	
1 W. PR hot the by the ose rem il, cremo	170	gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF		EUMONIA, H		
20 plee	-1	PART 2 OTHER SIGNIFICANT CON	101					RT 1(o·
E	CERTIFICATION	SPINAL	CORD IN:	JURY				
RECO	FICA	190. DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIT	NDINGS USED USES OF DEATH?
JISION OF VITAL R. The letter of the certificate has the buried-ranking per the buried-ranking per and Mental Hygiene ted or frem 18 shows	ERT	none 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21. HOW IN HURY OCCUP	YES NOXX	YES 🗌	NO 🗌
SION OF VITA PHYSICIAN: T ending physici this certificate this certificate de build-irronsis d or item 18 sh		OR CONTRIBUTING Q CAUSE OF DEATH	HOUR A.M. MONTH		21c. HOW INJURY OCCUR			(2)
HYSII Inding buris ce buris ce	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 8 21e. PLACE OF INJURY		Fell into St			
DIVIS DING P or otter the as the of the and marked	×	WHILE NOT WHILE KK	NOME STREET, FACTORY, OFF	FICE, FARM, ETC)	1114 Steige:	r Way	N COUNTY	MD.
DINGENDING		22a-1 certify that (1) (this hospital)	ottended the deceased from	om _ 81	19	L, 108/1	3 1981	, that (I) (we) lost
- E = 7 0 fs [2		saw the deceased alive an obove, (1) (we) (did) (did not) vi	ew the body ofter death.	Natural	that in (my) (pyr) opinion	deoth occurred on the dote	e and hour and from	the couses stated
OR AN he hosp DIREC oched C Dept.	1000	22b. SIGNATURE	11	DI	ATTENDING	MEDICAL STAFF		ATE SIGNED
HOSPITAL O	-	22d, PHYSICIAN'S NAME LITYPE OR PRI	uou_		PHYSICIAN [DIRECTOR PHYSICIA		113/8/
# 0 0 0 ± 0 /		M. CARRO			MERCY	1 HOSPITT	74	
The state of the s	23a. E		36. DATE		METERY OR CREMATORY	23d LOCATION	4000	STATE
7/34/BP		Burial	Aug 17,81	Cedar	Hill Cem.	Baltimor		
0HMH-16 50M 1/B1 (VRA 15, 4)	S	chimunek Funer	al Home In	c, 3331	Brebms 250 BAT	IG1 8 1981		
	1	ane, Baltimore	, Maryland	-21213		0 1001	I make Jaka	Mart

LANGUAGE CO ANGUER E, 1911 9:55 AND THE RESIDENCE OF THE PROPERTY OF THE PROPE MARIN CLOSED TO STATE CONTRACT THE RESERVE OF STREET ASSESSMENT THE SECOND STREET

,	1			STATE OF MARYLAND		
	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		2 1 1 / 2
	1. DE	CEASED NAME FIRST	METESH	LAST	REG. N	O. MONTH DAY YEAR 26 HOURS
e 4	(TYP	Anna Anna	SINETESH	Williams		5-29-81 8 A
4	3. SE		1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MIN
4	7-10	EMINIE	WHITE	MARCH 75, 189	1 70	YRS.
16 35	141. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVERMARRIED	BALTIMORE CITY OF	OR COUNTY OF DEATH
200	10 C	BALTO	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b. KIND OF BUSINESS OF WORKING LIFE) INDUSTRY
11 1	JUSU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	HOUSEU	1) FE Homemaker
BS	13a. :	STATE MD . 138, 90UN	FORD BELH	VN 138 INSIDE CITY LIMITS	CRESS	V PARKWAY
1200	14. E/	ATHER'S NAME	Alogue STIDA	15. MOTHER'S MAIDEN	F MIDDLE	RIFEEL
-		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDR	CLVNDON
1 4 0 m		No	215-16-	0970 JANE ZO	OCK 3741 B	UTLER MD.
physici an paper emaval.		PART I. DE ATH WAS CAUSED		Marin Manie		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		11-9 G G	E CAUSE (v)	INCOME A		days
nave carb lation, or traumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ASCUI)		
), crema other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
a c p			(c)			
Then properties to but the properties of the pro	Z	PART 2. OTHER SIGNIFIC ANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
prior ony ii	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
× pe	I F				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
O T S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH (21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
burial-transi	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
2 2	AED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC.) 211. LOCATION STREET	CITY OR TO	VN COUNTY STATE
ofth and marked		AT WORK NOT WHILE AT WORK		2/ 1	1 0/	100
deo l		220.1 certify that (1) (this haspit	al) attered the deceased from	5/10 19/	, to	19, that (I) (we)
DIRECTOR: sched for us Dept. of He f Hem 21 is		saw the demased alive on a	view thingoody other death.	and that in (my) (aur) apin	ian death occurred on the d	ate and hour and from the causes stated
Dept.	1	22b. SIGNATURE	11/11	DEGREE		22c. DATE SIGNED
Stote D ANT: #		7 Heles	(10 Mas	ATTENDING PHYSICIAN		
old b		22d. PHYSICIAN'S NAME TYPE OR	PRINTS MODRE	II. ADDRESS	ck 1.4. 7	100 W. 40TH ST.
5 % * 8 * +	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23g	NAME OF CEMETERY OR GREMATO	RY 23d. LOCATION	71.611
	1	REMATION	8-31-81 4	JESTVIEW MEM	CITY OR TOWN	BA GOUNTY STATE
50M 7/77	24. FI	JNERAL DIRECTOR	EST BEALDIN	AV +W: LLIAMS 250.	DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
5 (4))	F	OSTER I.H.		ain MN 710111	2 19H	Many Commillantes



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN A MONTH 7h HOUR (TYPE OR PRINT) S NECESSARY, PLEASE FUNERAL DIRECTOR.
E. 5. FOR YOUR FILES.
ED. WITHIN 72 HOURS
W. PRESTON STREET, ESTI-DEATH MATED David Williams 8 19 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR MONTH DAY LAST BIRTHDAY) PRONOUNCED :37 3 26 19 62 YRS DEAD Male Black 19 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED V NEVER MARRIED USA Baltimore City GEORGIA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 3. RETAIN PAGE 1 SHOULD BE FILED. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore FOR MOST OF WORKING LIFE) Leadenhall Street RETIRED USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a. STATE 13h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1103 LEADENHALL BALTIMORE MD YESX NO [IVE PAGES 1, 2, 4 H FORM PM 3. AGES 1 AND 2 SH ISION OFVITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE WILLIAMS CARRIE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT PAGES 1 166 SOCIAL SECURITY NO. ADDRESS DIVISION IYES, NO. OR UNKNOWNS HE YES GIVE WAR OR DATES! YES thru 45 242-14-5268 VIOLA WILLIAMS 1344 CARROLL ST. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Ā E 3 SHOULD BE I DEPARTMENT (YES NOX B 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE AT WORK AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, Inspection X 22a I certify that I took charge of the remains describe above, held an Autapsy Inquiry and in my apinian death resulted fram: Nestoral couses? Hamicide Undetermined manner SHOULD TITLE (SPECIFY ACTUAL 8/9/81 DATE SIGNATURE MEDICAL EXAMINER PAGE 4 S EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street, Baltimore, MD.21201 (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN CROWNSVILLE, CROWNSVILLE VA CEM BURTAL 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** TTO E. NORTH AVENUE C. MARCH F/H (VR A15 ME (5) 15M 2/80



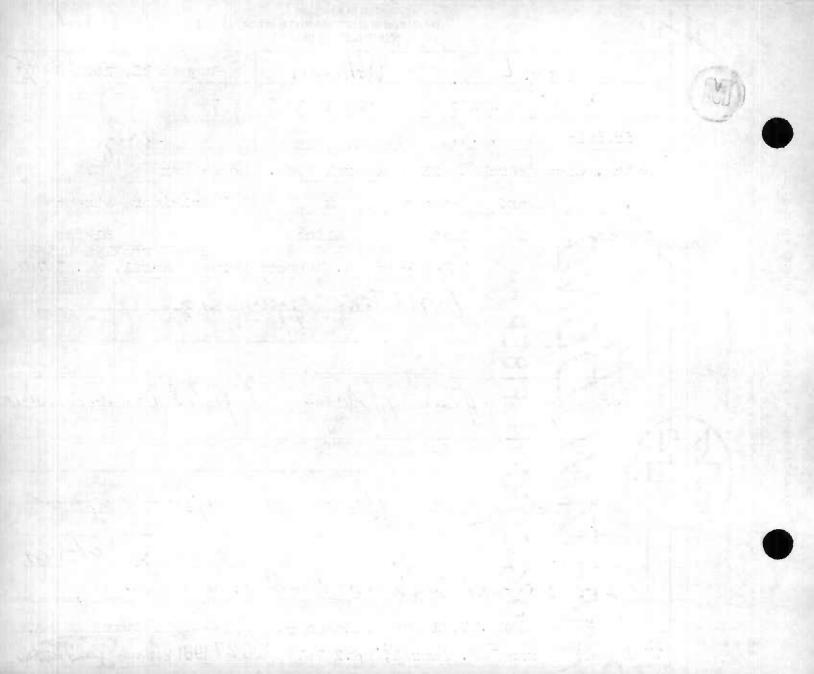
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STATE OF MARYLAND

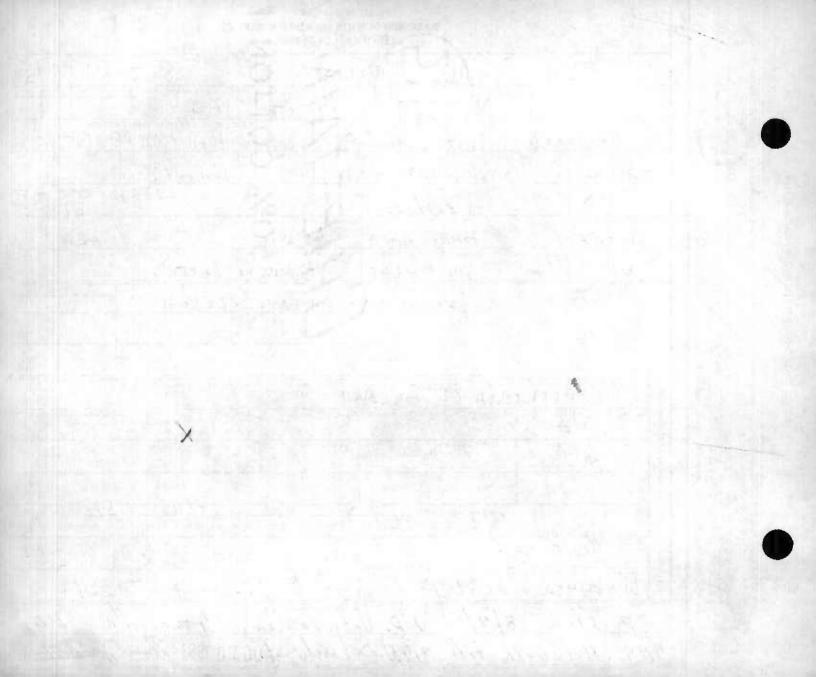
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20		Thomas		Smith		Alice	MIDDLE		lkin	
2	16a. V	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	212-30-		G. Rebecca		Brooklaurel,		ridge 20787
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the death cert the attending p remove carbon emation, or ren er traumatic ev		710 Canditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF				
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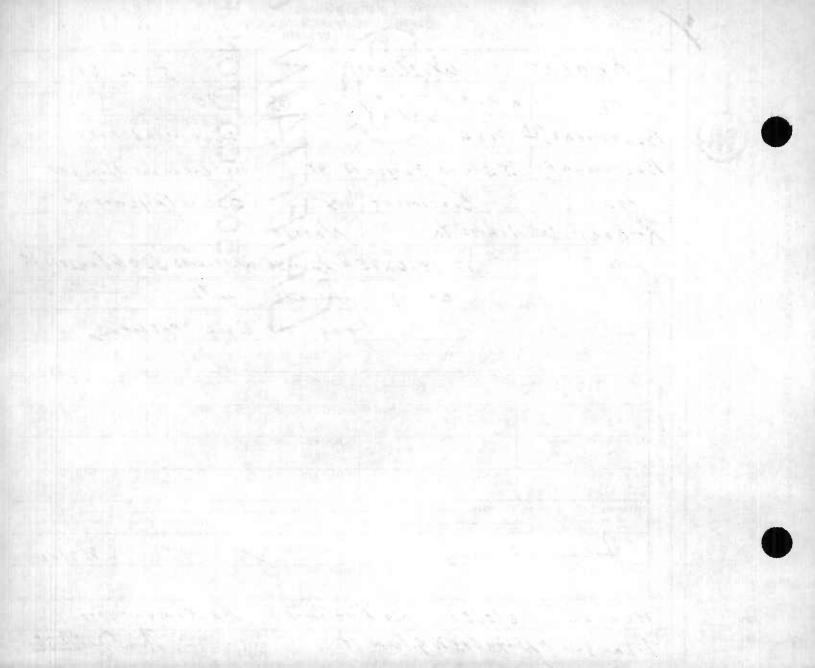


1904 15 1904 eThis Baltimone 1700 Nami and Dr. Apt. 514 Homensteen Dr. Cown Mcha Ealtimore x 1700 Maritana Cir. Apr. 311 LT 220 50 3550 Donald A. Williams Balto., LVJ. 21291 Dr. Edward E. Wornis, M. D. - 5400 Did Court Road, Ealto., Md. B/E/31 Lake View Ealto. Co., Mo. 91207 Harry W. Jankins & sons Co. MARCINE MORK FORGE BALLO., IMIG. PRIZIE TO LOUGH AUE

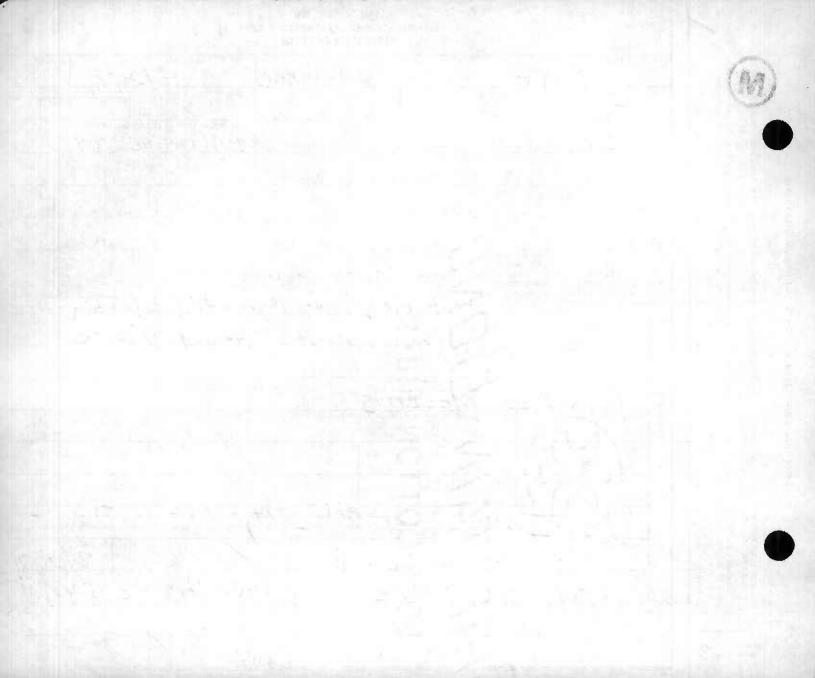
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ACLIDATION OF APPLICATION

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ge 4 moy	3. SE	×	1. RACE NEGRO	5. DATE OF BIRTH	is 73	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YE MONTHS DA	EAR IF UNDER 24 HRS
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DS, 201 W. PRESTON ST., quires that the death certifi signed by the attending pl hen please remaye carbank to burial, cremation, or rem jury, or other traumatic eve	No	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	JENCE OF	ATED TO THE TERMI		detastasia Dition given in part	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST MIDDLE 2a DATE OF DEATH Zh. HOUR (TYPE OR PRINT) 4. RACE 3. SEX 5. DATE OF BIRTH & AGE LIN YEARS LAST BUTHE MONTH YEAR HOURS P. Malp TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY) MARRIED NEVERMARRIED WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES X NO F aLtimore FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ONAS. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter anly ane cause per pope PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (DUE TO, OR AS Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? pri IN CERTIFYING CAUSES OF DEATH? be NOF YES T NO F entol Hygie iol-transit sho 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (the harmfall) attended the deceased from DIRECTOR sow the deceosed olive on_ and that in (my) four opinion death occurred on the date and hour and from the causes stated above, (I) (me) (did) (did wiew the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS should be MPORT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 8/24/81 Cedar Hill Cemetery Anne Arundel 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) March F/H INc. 1101 E. North Ave



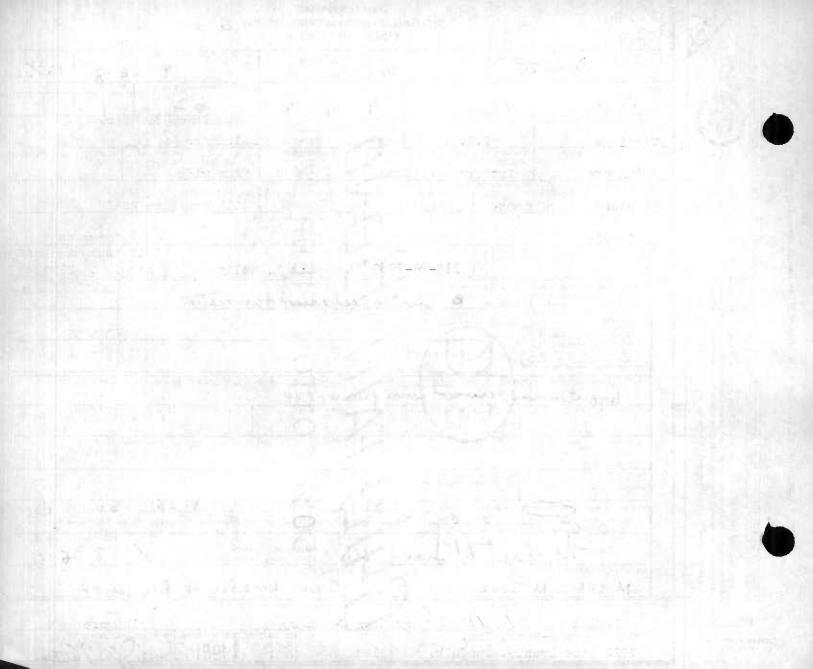
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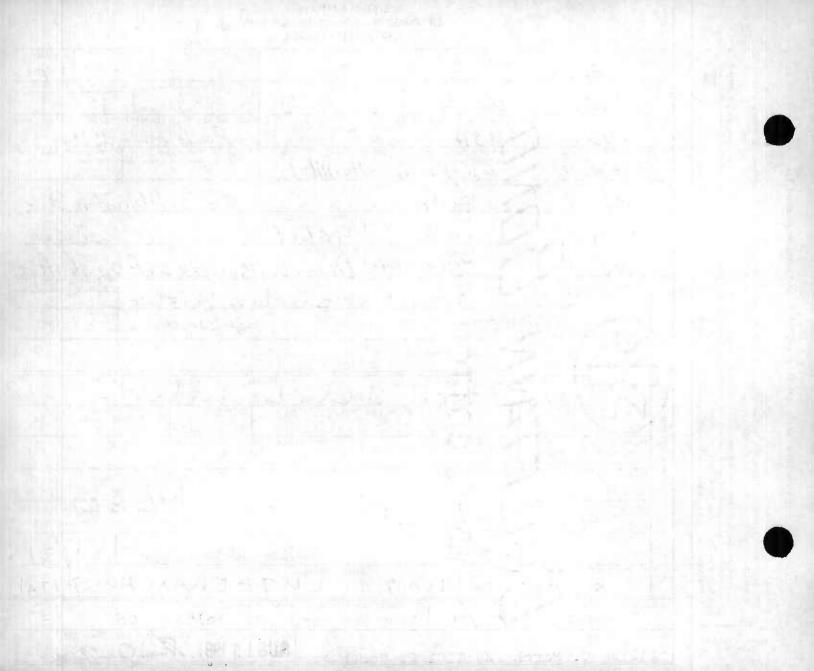
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



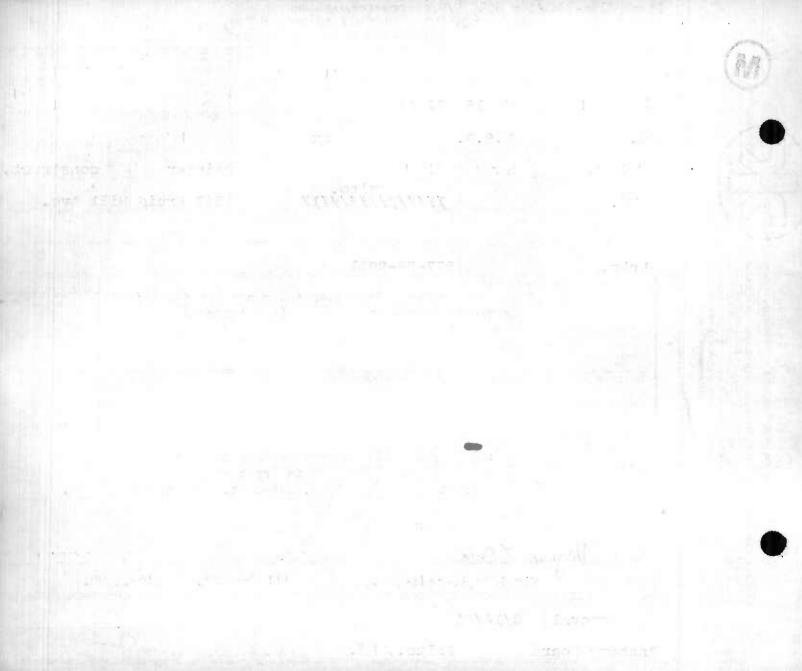
	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 1 1 8
Stw)	(TYPE	PUN12	Ernest) "G	Wilson	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 8-11-81 1.50
hours after.	3. SE	Male	black	5. DATE OF BIRTH MONTH O S YEAR O O O O O O O O O O O O O	6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS //
In 72	•	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED L	Baltimore City or county of death Baltimore City
by the led willed willed will	10 0	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY GIVE:	Hall Villey	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
npletely filled in and 2 should be t	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	NTY 13 CITY OR	TOWN 13d. INSIDE CITY LIMITS?	26 S. Abington Stu
0	L	ilburn	MIDDLE WITE	is nother's maidenn Habel	MIDDLE WIST/SON
physicion ond conpopers. Poges in movel.		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? [16b. SOCIAL [VE WAR OR DATES]	32-632 Dora U	Vilson 265. Abington A
n signed by the ottending. Then please remove corb to buriol, cremotion, or r injury, or other troumotic	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF	RMINAL DISEASE OR COMPUTION GIVEN IN PART 1(0)
priori	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
dental Hy	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
After this e os the bu olth ond M morked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TOWN COUNTY STA
RECTOR: ned for us ppt. of He rem 21 is		270.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE			that (I) (we shall be the state and the course state that the cour
000		22d. PHYSICIAN'S NAME (TYPE O	ORPRIM	ATTENDING PHYSICIAN 228. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN
should with th	770 (BURIAL, CREMATION, REMOVAL	NYU	23s. NAME OF CEMETERY OR CREMATORY	THERAN HOSPIT
142 Y		SPECIFY) Burial	8/15/81	King Mem Park	Balto Co Md
30M 2/80 15, 4)		UNERAL DIRECTOR Lliam C. Mar	och F/H 1101	RESS .	JG1 3 1981 REGISTRAR'S SIGNATURE



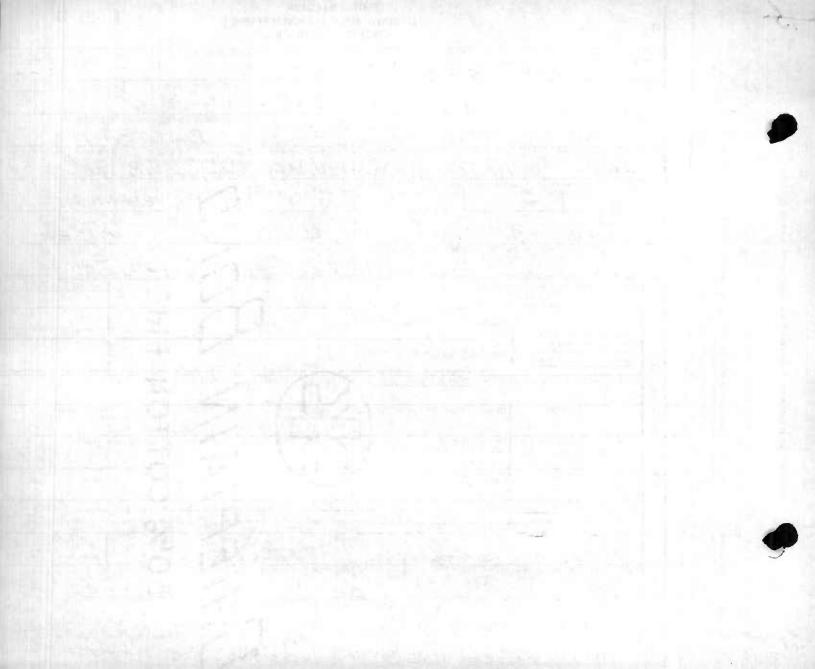
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h	1	FOR STATE		HEALTH AND MENTAL HY	GIENE 8	2 1 1 0 0
P		REGISTRAR	CERT	IFICATE OF DEATH	REG. NO	D.
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
De	(ITP)	MARY	Magdalene V	NILSON	AUGUS	
The po	3. SE	'	RACE 5. DAT	E OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4		témale	(0) 11	16 1887	93	YRS.
Po od od		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED	70 1	R COUNTY OF DEATH
John 7.		S.C.	US9 WIDO	WED DIVORCED		o City MD.
he fe ker	10 €	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE, STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE) OF WORK FOR MOST OF	
5 2 2 2 7		Batto	froudent Hosi		Homemak	EC.
21: d in d in	USU 13a	TATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. CTTY OR TOWN	N) 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	140
AND 124		Md	Batto	YES NO	2209 U	Thillen Cove
RYL within	14. E	THER'S NAME FIRST A MIO	QLE 7 A LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	.LAST
WA Be and		whn Mckenz	ie Hamson	Mamie	Nw	II Wilson
ORE,		VAS DECEASED EVER IN U.S. ARME	AD OD OATEC		ADDRE	SS
Page e			215-16-7653	Rev. John Wi	Ison 3200 WI	
3ALT ote l ote l sicio		18 CAUSE OF DEATH (Enter only	ane couse per line far (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Triffic rithfic pupo emor		PART I. DEATH WAS CAUSED I		ONARY AR	2637	MINUTES
ON S Iding or r		4100	DUE TO, OR AS A CONSEQUENCE OF			
deat deat deat deat fian,		Conditions, if any, which	(b) VENTICULA	R ARRYTHI	ULA	MINUTES
. PR		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
that that I by eose al, cr		underlying couse lost.	(c) MYOCARDIA	LNFARCTI	ON	Hours -
ires gned n ple burie	12	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> b	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)
RDs ser ser requirements to the rest of th	Ó	AORTIC	STENOSIS			
ECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ALR IThe It ion.	Į į				YES NO	YES NO
VITAL Name of the state of the		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA	R 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2)
YSICIAI YSICIAI ding ph ding ph s certifu ourial-tr Mental I	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P,M. 1			
DIVISION OF NG PHYSICIA To thending p of the burial- th and Mental orked or frem	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	YN COUNTY STATE
NG NG Ther of the orke	1	AT WORK AT WORK				
FENDIN fal or OR: Af or use of f Health		220.1 certify that we this hospital	, dirended the deceased from	5 122 19 81	, to	, 19, that (I) (we) last
ATTEN Spitol CTOR for u of He n 21 is		so he deceased alive an above, (1) (we) (did) (did nat) v	view the bady after death.		death accurred on the do	ate and haur and fram the couses stated
OR Political		THE SIGNATURE	Ware as.	DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIGNED
by the by the ERAL e deto Store ANT: It				PHYSICIAN	DIRECTOR PHYSIC	
OSPI ed b UNE d be she S		THE SICIAN'S NAME (TYPE OR PI		22e. ADDRESS	21	
O HOSPITAL TO FUNERAL should be deter with the Store		DONALD R. U		PROVIDE		SPITAL 1
BP	230.	BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 28 81 234 NAME O	F CEMETERY OR CREMATORY	23d. LOCATION FITTOR TOWN	AND A COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR	ADDRESS	25a PA	TE REC'D, BY REGISTRAN	FGISTRAR'S SIGNATURE
(100 10(4))		OSCICIO A- TUES	_ 4555 M · NOI	CK CIUE IN	10 N B 1301	The factor

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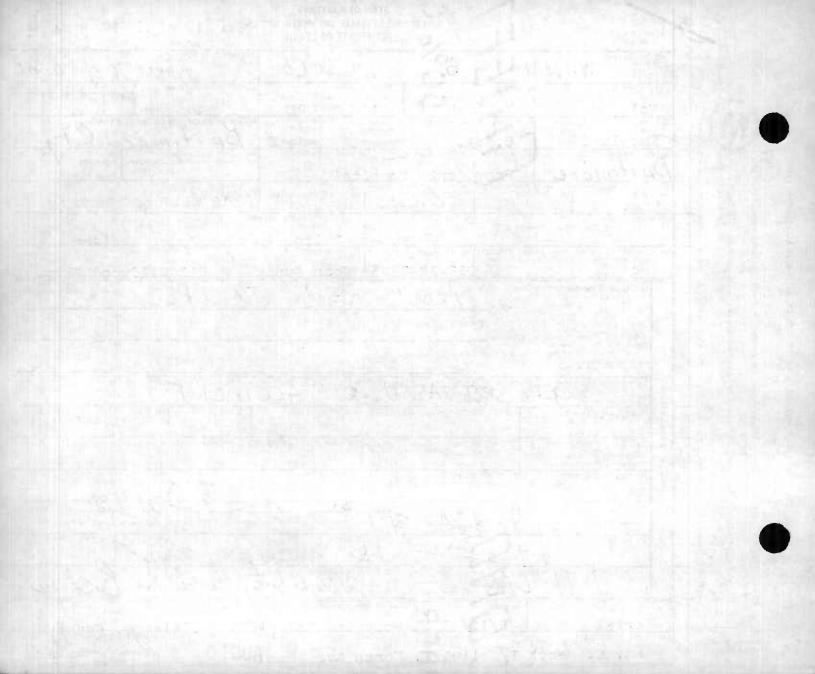
11-	Items #18a FOR STATE	-22a Fil	D	EPARTME	NT OF HEA	LTH AND MI	ENTAL HY	6.4	6	2	1	8	6
(3)	REGISTRAR ECEASED NAME	FIRST	MED	MIDDLE	AMINER	'S CERTIFIC	CATE OF	Zo. DAT	REG. N	MONTH C	DAY	YEAR	26 HOUR
MA PE		Robert				Wilson	Jr.	DEAT	H MATED	7		981	
75 ST			TE OF BIRTH	YEAR (MONTHS DAYS	HOURS A	HRS. 2c. DA PRONO DE	UNCED	MONTH 7	21	YEAR	4:10 4:10
70.8	SIRTHPLACE (STATE OR OREIGN COUNTRY)		CITIZEN OF WHA	AT COUNTRY	? 8 N	ARRIED NE			IMORE CITY	_	Y OF DI		
PAGE 2	Md. CITY OR TOWN OF DE Baltimore		U.S.A. NAME OF HOSP (# NOT IN SUCH FACE Mercy H	LITAL, NURSIN	G HOME, OR			FOR MOST OF W	ORKING LIFE)	CE OF WORK	126. KIN OR	D OF BUSING	SINESS RY
NSU 130. S	AL RESIDENCE (# INNISTATE Md.	13b. COUNTY	ER INSTITUTION, GIVE	RESIDENCE BEFO	TOWNBA	tolizal inside o	(ITY LIMITS? 1:	3e. STREET ADD	RESS Drui	d Hi			
ROC ILE	ATHER'S NAME	AID	DDLE	LAST		15 MOTHE	ER'S MAIDEN	NAME	MIDDLE		L	AST	
160.	WAS DECEASED EVER YES, NO, OR UNKNOWN) Unkn.	R IN U.S. ARMED (IF YES, GIVE WAR C	FORCES? PR DATES)		SECURITY NO		MANT		ADDRESS				
REACHDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNER CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL, RECORDS, 201 WPE IRIAL, CREMATION, OR REMOVAL.	Conditions, if gove rise to cause (a) statim lying cause last	immediate ig the <u>under-</u> i.	(b) DUE TO, OR A	S A CONSEC	DUENCE OF	DEFASE DR (DNDITIO	(?He	atstrok		Ined			
DEPARTMENT OF HEALTH DI PRIOR TO BURIAL, CREA	19a. DATE OF OPER	ATION	196 CONDITIO	ON FOR WHI	CH OPERATIO	N WAS PERFOR	RMED?					JTOPSY?	NO 🗆
SAL GENT	210. EXTERNAL CALL UNDERLYING CONTRIBUTING	OR	HOUR 2:00M	MONTH DA	Y YEAR 2	Subject		ed to h		PART I OR PA		23 70	NO []
MEDICAL	WHILE AT WORK	RRED T WHILE 🔀 WORK	21e PLACE OF STREET, FACTO Stre	RY, FARM, ETC.)	T HOME, 21	STREET N.	in from	CITY OR	TOWN Baltimo		unty Me	d.	STATE
BALTMORE, MARYLAND, 21201	220. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Durginia		Accident X	, Suicide	TITLE (S M.D. <u>Ass</u> i	istant	Undetermined MEDICALEXA Penn St.	monner .	DATE SIGNE	D_7/	<u>′22/8</u>	31
	BURIAL, CREMATION, (SPECIFY) Remo		ATE 8/14/8:		E OF CEMETE	RY OR CREMATO	ORY	23d. LOCATION		COU	NTY	STA	ATE
24 (NAME Anatomy		ADDRESS		o., Mc		AUG 2	2 1 1981	RAR 256 REG	STRAB'S S	IGMATU	JRE-	



15		1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		21137
	noy be poge 3 or deoth		CEASED NAME PIRST OR PRINT) ROBER	T Carson	WILSON	REG. NO.	10.11OOK
	4	3. SE	MALE RTHPLACE ISTATE OR FOREIGN	A RACE WHITE TO CITIZEN OF WHAT COUNTRY	5. DATE OF BIRTH AUG 22.191	6. AGE (IN YEARS LAST BIRTHDAY 6. AGE 9. BALTIMORE CITY OR C	MONTHS DAYS HOURS MIN
	deoth. Pog		OUNTRY) /ND.	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO	OUTY MO.
10	the softer filed at		BALTO.	LIFNOT IN SUCH FACILITY, GIVE STREET	M. HOS PITAL	120. USUAL OCCUPATION IT OF OF WORK FOR MOST OF WO	PRINGUES OF INDUSTRESS OR INDUSTRESS OR
MARYLAND 2120	n 24 hou	13a.	MD 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 134 CITY OR TO 134 LT	RE ADMISSION) 13d INSIDE CITY LIMITS YES NO	13e STREET ADDRESS 2834 ROST	ELAWN AVE
	d completely es I and 2 sh		JOHN .	S, WIL	SON Haril	A MIDDLE	AIKEN
BALTIMORE,	Poge:	16a \	VAS DECEASED EVER IN U.S. AR. (15, NO OR UNKNOWN) YES VES VES VES VES VES VES VES	MED FORCES? 166 SOCIAL SEC WARDEDATES) 714-18	-3991 MM. BARB	ARAS. WILS	ON, SAME
:	physici npopei movol.		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), a D BY: E CAUSE (a)	Arten Disi		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST	4 000		4100 Conditions, if ony, which	DUE TO, OR AS A CONSEQU	JENCE OF My-confel	Intach	2 months
	that the deaded by the atteriors remotion or other troum		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF Vendricule	Leuryen	
RDS, 30	quires fhen p to bur njury.	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 301	G PHYSICIAN: The low re other of this certificate has been the buriol-transit permit. I and Amental Hygiene prior ked or Item 18 shows any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	OPERATION WAS PERFORMED	20c. AUTOPSY? 20 IN YES NO NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
4 OF VIT	G PHYSICIAN: The ottending physicio ottending physicio er this certificate Is she burial-transit; and Mental Hygie wed at hem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE P.M.	PAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
OIVISION	SNDING PHYSICIAN: of or otherding phys R: After this certifico use os the buriol-tror Heolih ond Mental thy is morked or them 18	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Pit		220.1 certify that (1) (this hospit saw the deceased almo an above (1) (we) (did (did no	tal) attended the deceased from.	, and that in (my) (aur) apin	ian death occurred on the date of	and hour and from the causes stated
6	OR ho		22b. SIGNATURE	Mish	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED 8-24-8/
	TO HOSPITAL (retoined by the retoined by the should be deto with the Store IMPORTANT; If		PARVEY S	MISWER	10 WARRE	N RD, COCKET	WILE MD 21030
270	7º F 4 3 3	230.	BURIAL, CREMATION, REMOVAL	236 DATE 236 81 A	NAME OF CEMETERY OF CREMATO	RY 234 LOCATION	GRACE HARFORD
Lef DH	MH-16 60M 1/73 (VR A 15 (4))	24 F	INERAL DIRECTOR	VERAL HADDRESS	HAVRE OF GRACE		
270 Lee DH	MH-16 60M 1/73	L	BURIAL JNERAL DIRECTOR		NAME OF CEMETERY OR CREMATO	RY 234 LOCATION CITY ORTOWN HAVREDE	1 Camplant



3	1	FOR STATE REGISTRAR	DEPAR		FICATE OF DEATH	GIENE 8	2 1 3 3
1	1. DE (TYP)	CEASED NAME FIRST WILL	AM B.	Ü	VILSON	20. DATE OF DEATH A MONTH	DAY YEAR 26 HOUR 10.30 F
	1.58	×	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	-	Male	Black	1	2/ 30/21	59 Y	MONTHS DAYS HOURS MIN
1) 120	Ta. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	/? B MARRIE	D NEVER MARRIED	MEALTH MORE CITY OR COL	JNTY OF DEATH
100		aryland	U.S.A.	WIDOWE		1 PAItim	ore city mo
29	17	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
21	(risi)	AL PESIDENCE HE NURSING HOME	Provident OR OTHER HISTITUTION, GIVE RESIDENCE BEFO	Hosp	ital		
BS	134.	Md.	UNIY 13c. CITY OR TO Baltir	WN	134 INSIDE CITY LIMITS? YES NO 🗆	513 Wildwo	ood Parkway
	14. F.	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME	LAST
300					Helen		Wison
5 91		VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, GI	ARMED FORCES? 16b. SOCIAL SEC IVE WAR OR DATES)	CURITY NO.	17 INFORMANT	ADDRESS	
1 1		No	218-12-	-7995	Joan Gund	y 513 Wi	ldwood Pkwy
in the		M CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), c	ind ye	RENA	TAILIPS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4		E Q C IMMEDIA	ATE CAUSE (a)	110	1161116	TAILUNG	
mot a		2000	DUE TO, OR AS A CONSEO	UENCE OF			
frey frey		Canditions, if any, which gave rise to immediate	(b)				
the of	10	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF			
, p		PART 2 OTHER SIGNIESS ANT	(c) LCONDITIONS CONTRIBUTING TO	DEATHERN	NOT BELATED TO THE TERM	MINAL DISEASE OF CONDITION	I GA/ENI MI PART No.
d of Play	No	Œ	REBRO VAS	CUL	AR ACC	TDENT	4 OIVEI4 HAT AKT T(U)
100	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED
J 9 4	THE STATE					YES NO	ERTIFYING CAUSES OF DEATH? YES NO
0 8 F	8	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2]
o sa	CAL	OR CONTRIBUTING CAUSE OF D	LAIN	19			
₩ po p	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.1	211 LOCATION STREET	OF OR TOWN	COUNTY STATE
orke orke	-	AT WORK		1	Laur ad	1 1-	11 501
1 1			pital mended the decreased from	201 1	19 87	to total	19
5 6			ot visically body after death.	7 /		death accurred on the date and	d haur and from the causes stated
Dept		22b. SIGNATURE	1 Dan	1	ATTENDING	MEDICAL STAFF 1	22c. DATE SIGNED
ž ž.—		1		14	PHYSICIAN (MEDICAL STAFF	1
APORTA)		22d. PHYSICIAN'S NAME ATTE	DAS		2600, Liber	ty Height A	ve Sald MD
	23a (BURIAL, CREMATION, REMOVA SPECIFY]		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	11.5	Burial	8/12/81	West	view Memor:		
7/77	24. 5	INEXAL DIRECTOR	ADDRESS			TE REC'D. BY REGISTRAR 236. RE	RAR'S SIGNATURE
		wm. C. Marc	ch F/H 1101 E.	Nort	h Ave	AUGIU 130	June Jan Clan

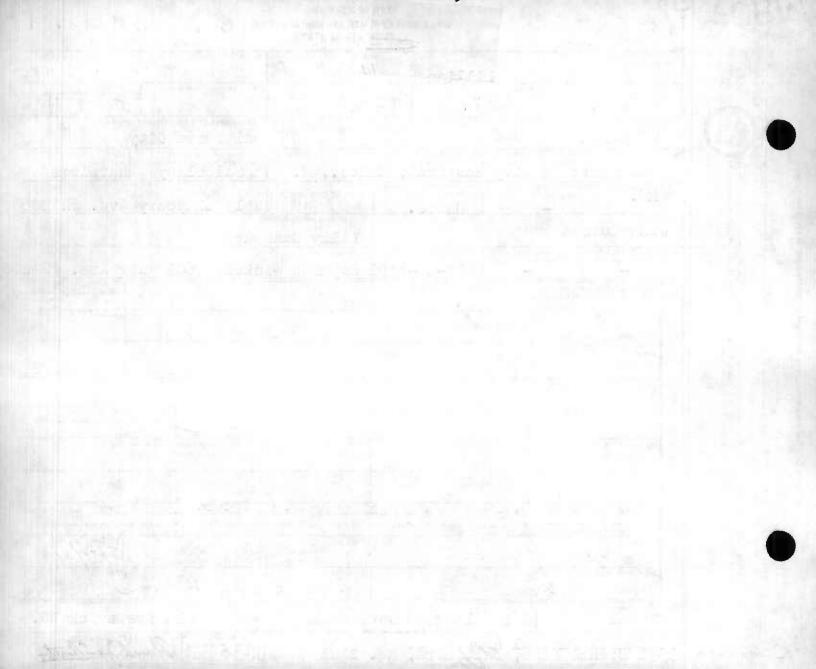


		FOR STATE	dec a :		DEPART	MENT OF H	EALTH					2	1 1	8	9
	1. DE	REGISTRAR CEASED NAME	FIRST	ME	DICAL	EXAMINE		ERTIFICA	ATE OF		REG.		TH DAY	YEAR	126, HOUF
ES. ES. ET.	{TY	PE OR PRINT)		HENRY		W	INDS	SOR			E KNOWN ESTI- TH MATED			19	Ze. HOUR
DIRECTO	3. SE	11.00	RACE	5. DATE OF BIRTH MONTH DAY	YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 59 YRS.	IF UN	DER TYR. IF	UNDER 24	IN. PRONO	ATE DUNCED AD	MONT		YEAR	3 \$30
E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W, PRESTON STREET,	70. B	IRTHPLACE (STA DREIGN COUNTRY)	white TE OR	76. CITIZEN OF W		ITRY? 8.		ED NEVER		O DAIT	IMORE CIT	Y OR COL	3-81 INTY OF D	EATH	PA
AND 3 TO THE FUI RETAIN PAGE 5 I SHOULD BE FILED, W	10. C	TY OR TOWN O		11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE S	RSING HOME, C		ER INSTITUTIO	ONORCED	d. USUAL OCC	1 timor CUPATION VORKING LIFE	e Ci	RK 12b KIN	ND OF BU	SINESS Y
NIN P NEDS	USU.	Baltimo:	F IN NURSING HOME C	Porking R OTHER INSTITUTION, GR	VE RESIDENCE	BEFORE ADMISSION) .	E-75.							
\$ 2 2 S		Md.	136 COUN	TY	Ba CITY	alto.		13d INSIDE CITY (130 D	STREET ADD	0 Par	kwoo	od Av	ve.	
-A2	14 F.	ATHER'S NAME FIRST		WIDDIE	1	LAST		15. MOTHER'S			MIDDLE			AST	
T. PAGES I AND DIVISION OF VIII	160 \	ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		TAL SECURITY N	- 4	17. INFORMAL			ADDRE				
T. PAG DIVISIO		Unkn.		ly one couse per line		-24-09	37	Thelm	na Be	bron	Bal	Lto.		PROXIMATE	
IL EXAMINER ALONG W URIAL - TRANSIT PERMIT. IND MENTAL HYGIENE, DI ITION, OR REMOVAL.		gove rise cause (o) s lying cause	, if ony, which to immediate tating the <u>under-</u> elast.	(b)	AS A CON	injuri									
SED AS A BURIAL - HEALTH AND ME AL, CREMATION, C	NO	PART 2 DTHER SIGN	HEICANT CONDITIONS	Arterios											
OF HEA	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR V	WHICH OPERAT	ION W	AS PERFORME	D?					UTOPSY?	
E DEPARTMENT OF HE		21a. EXTERNAL UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M DEATH P.M		DAY YEAR		ow injury oc nknown	CCURRED (1	ENTER NATURE OF	INJURY IN ITEM	18 PART I OR		F2 EF	NO 🗌
A S	MEDICAL	216 INJURY OC WHILE AT WORK	CURRED NOT WHILE DAT WORK	210 PLACE C	OF INJURY	(AT HOME,	211 100	ation 500 Uni	ion Av	re. спу В	'a''tim	ore	COUNTY	Md.	STATE
NO.		22a. I certify death resulted		e of the remains designated all couses	Accident	ve, held an	Autops	Homicide	spection [], Inqui		ond in my	opinion		
AL EXAMINER: THIS CER HE CERTIFICATE, WRITIN HE CERTIFICATE, WRITIN HE CERTIFICATE, PAGE 3.5 ALD DIRECTOR: PAGE 3.5 ITH, WITH THE STATE DEP IE, MARYLAND, 21201 PR		ACTUAL SIGNATURE	No	upilo	Me	Thele	M.I	TITLE (SPEC DASSIST		MEDICAL EX	AMINER	DA1 SIG	TE 8=	3-81	
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2			AME Marga	Upilo	Mel orall	Yhull M.D.			ant			DAT SIG	TE NED 8-	3-81	
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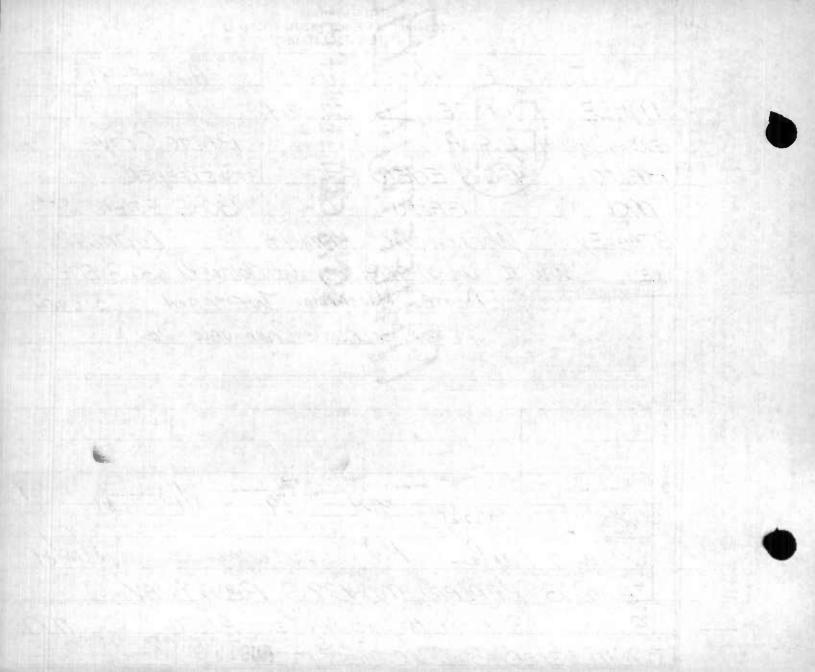
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TO HOSPITAL TO FUNERAL (should be detect with the State O		Bram Zucki	erman			Bel Timore.	CCI /	1170	
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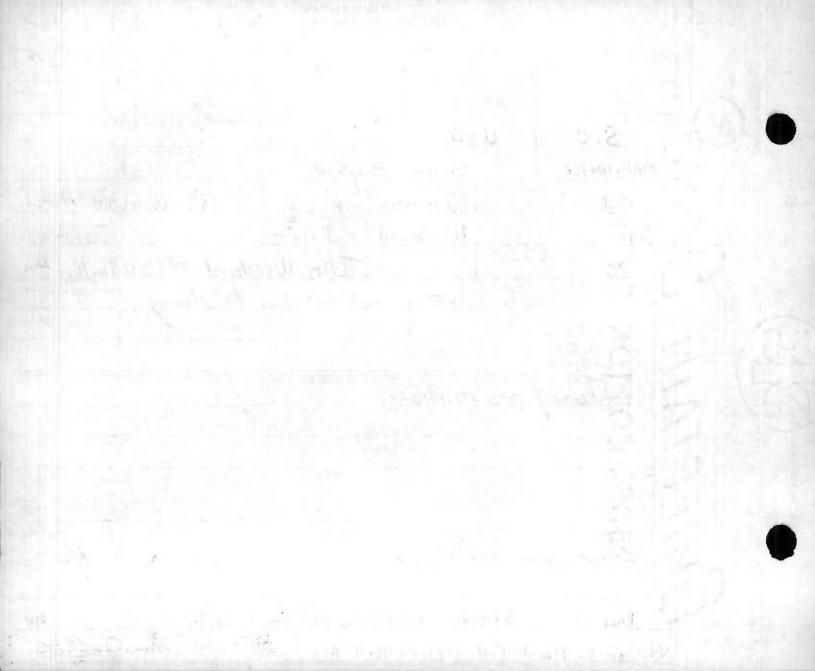
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TIMORE, MARYLAN be executed within 2 on and completely fill 3. Pages 1 and 2 shou e medical examiner m	S	ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMED FORCES? VES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES?
guires that the death certificate signed by the attending physici fren please remove carbangaper to burial, cremation, or removal.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) APPROXIMATE INTERVAL APPROATH (Enter only one cause per Me for (a), (b), and (c)
DIVISION OF VITAL RECORD OR ATTENDING PHYSICIAM: The law re haspital or attending physician. DIRECTOR. After this certificate has been sociated for use as the burial-transit permit. Dept. of Health and Mental Hygiene prior if them 21 is marked or them 18 shows any if	MEDICAL CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 210 IN CERTIFYING CAUSES OF DEATH? YES NO
MPORTANI MADORTANI MPORTANI MP		PHYSICIAN DIRECTOR PHYSICIAN DIR



To BECASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH WOODARD 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR YEAR COUNTRY) 70. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FARMITY, GIVE STREET ADDRESS)) REG. NO. 20. DATE OF DEATH MONTH MONTH DAY YEAR 4. AGE (IN YEARS LAST BIRTHDAY) WE ARRIED NEVER MARRIED DIVORCED 110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FARMITY, GIVE STREET ADDRESS)) 120. DATE OF DEATH MONTH MONTH DAY 120. DATE OF DEATH MONTH MO	
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14. FATHER'S NAME MIDDLE MID	Banks
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17 INFORMANT WOODGARD 1403	Winston Ane
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), BY BOUT Ca with metastass to during	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b)	
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF	GIVEN IN PART 1(a)
a of 1 U	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	18 PART I OR PART 2}
OR CONTRIBUTING CAUSE OF DEATH COUNTY STATE	
22a.1 certify that (1) (this haspital) attended the deceased fram	, 19, that (1) (we) lost hour and from the causes stated
DEGREE ATTENDING MEDICAL STAFF	22c DATE SIGNED
PHYSICIAN 228. ADDRESS 228. ADDRESS 228. ADDRESS	7
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22d. PHYSICIAN DIRECTOR PHYSICIAN 222d. ADDRESS 22d. ADDRESS	COUNTY STATE



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21201	ANY DANY DANY DANY DANY DANY DANY DANY D	USU A 13a. S	AL RESIDENCE (TATE MD	13b. COUN	DR OTHER INSTITUTION, GIVI TY	13c CITY C	EFORE ADMISSION) OR TOWN LIMORE		13d. INSIDE CITY	LIMITS? 13e	2843 G	åteho	use	Drive	
RE, MD.	KATH IS	14. F/	James James	3	MODLE	odar	ži		15. MOTHER'S	s maiden h	NAME MI	DOLE	F	Powell	
BALTIMORE, MD.	WE FACE IN FAC	16a. V (Y	VAS DECEASED ES. NO. OR UNKNOV NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		AL SECURITY N -68-17		17. INFORMA		opkins	ADDRESS 1667	Argo	onne D	r.
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•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO ENVELORE TO ENTER DIRECTOR: AFTER DEATH, WHITHES IS BALTIMORE, MARYLAND;		220 I certify death resulte ACTUAL SIGNATURE		ge of the remains desc rat courses X	Accident	e, held an Suicid	Autaps) e ,	Homicide	CIFY)	Inquiry Indetermined ma	nner .	DATE SIGNED	8-10-	81
	O MEDI SAGE 4 TO FUNE AFTER DE SALTIMO	220 0	EXAMINER'S N	Mame Ma	irgarita A		e 11,M.D		ADDRESS		nn Stree	t			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) EST1-8-2-81 Jr. DEATH MATED WILLIAM WOOLERY 4 RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 11 1000R DATE YEAR LAST BIRTHDAY PRONOUNCED white ma. le Jan. 11 1925 56 DEAD TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. Maryland DIVORCED ES 1, 2, AND 3 TO THE FLU 1 PM 3. RETAIN PAGE 1 ND 2 SHOULD BE FILED. O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Good Samaritan Hospital Baltimore Gov't. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt., Md. 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 6306 McClean Blvd. Maryland Baltimore YES X 4 HOURS AP.,
ITEM 18. GIVE PAGE.
S. WITH FORM PM. S.
**GAGES I AND 2 S.
**AND 3 S.
**AND 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lillian MIDDLE Woolery William J. C. Boudenard ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT Balt. Md. Wife (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Army WW II Betty J. Woolery 6306 McClean Blvd. Yes 212-20-4373 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I DEATH WAS CAUSED BY:

Arteriosclerotic cardiovascular disease ALONG WIT. BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL. DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II Y I CERTIFICATION (DED TO THE CHIEF A E 3 SHOULD BE USED, E DEPARTMENT OF HE 31 PRIOR TO BURIAL, USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK Inspection 22a I certify that I taak charge of the remains described above, held on Autopsy Inquiry and in my opinion deoth resulted from: Homicide Accident Suicide Undetermined monner TITLE (SPECIFY) **ACTUAL** DATE Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. D. (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 1981 Crownsville Veterans Burial Aug 6 Crownsville Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. ADDR Baltimore, Maryland **DHMH-17** (VR A15 ME (5)) 15M 2/80

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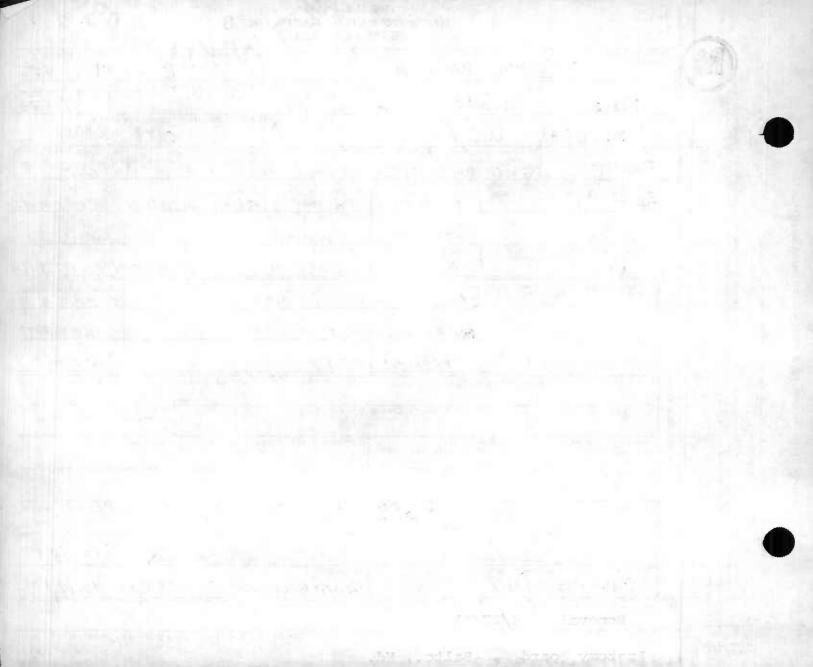
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oge 4 mc rector. p	3 SEX		6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR HUNDER 24 HRS MONTHS DATS HOURS MIN.
death. Pr	co	PLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NOT	Baltimore City OR COUNTY OF DEATH Baltimore City MD
by the f	13	or Town of DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CINUSITY I Maryland borpital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Unemployed Housewife
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be the	13a. ST.	D. A.A. (O. Baltimur XXX NO XX	
ompletely on 2 st	14 FAT	ildur — Sonensan 15. MOTHER'S MAIDEN Sonensan Olive	Mae Gardner
ate be execut of the best of the state of colors. Pages 1 vol. ', the medical		DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-20-62/3 Sipple Share	on & augusta AVE IRVivation 11 P.
201 W. PRESTON ST., es that the death certific ned by the attending phy please remove carbon po urial, cremation, ar remo r, or ather traumatic even	F	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF proditions, if ony, which power rise to immediate base (a), stating the aderlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART TO
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ATTENDI Cospital or ECTOR: A d for use t. of Heal	2	l certify that (1) (this hospital) attended the deceased from	, to, that (1) (we) lost on death occurred on the date and hour and from the causes stated
PITAL OR by the ho JERAL DIRE State Dep		SIGNATURE DEGREE ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT) PHYSICIAN Trze ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN (220. DAYS SIGNED)
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	8		FOR - STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2	1201
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	oge deat		WEN	/1:	ZAHN		, 1981 6:35AM
	ector. p		EMALE	WHITE	5. DATE OF BIRTH MONTH JANUARY 21, 197		IF UNDER 1 YEAR IF UNDER 24 HRS
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LAND 21	y filled in should be	13a	MD ANN	E OR OTHER INSTITUTION GIVE RESIDENCE DUNTY 13t CITY OF	NA PARK YES NO	P.O. Box	511
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TIMORE	be exection and in the reservence of the reserve		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 186 SOCIAL	SECURITY NO. 17 INFORMANT JAMES E	ZAHN (SAM	
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S	equires 1 rigned to burio	N O	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)
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OFVIT	IYSICJAN: T ding physici s certificate burial-transi Mental Hygi or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MONTH	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
NOISION	offending offer this of the burner of the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	PFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	R ATTENDIF hospital or RECTOR. At hed for use ept. of Healt em 21 is mo			on 8 leads the deceased to a lead to some state of the leads after death.	M3 . *	ion deoth occurred an the date and hou	that iff (we) lost and from the couses stated
	AL DI AL DI Jetoch Jetoch TI: If H		22b. SIGNATURE	quyen	DE GREE ATTENDING PHYSICIAN		22c. DATE SIGNED /8/
	O HOSPIT O HOSPIT TO FUNER Should be with the Sit MAPORTAN		J	Guyen		BOND ST BAC	T MD 21205
	BP	23a.	BURIAL, CREMATION, REMOV	10-12-81	MAKYLAND VA. CEM.	23d LOCATION CITY OR TOWN CROWNSVILLE	COUNTY STATE MI
Lh	DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR		RESS 501 RITCHIE HURSON SCYERNA PARK, MD A		RAR'S SIGNATURE

Delicated the state of the stat NAME OF STREET

Salter and Salter States (Salter States) . It is a second of the second tener de la company de la comp Julius Joseph Redde Medde minde LANGE DOMESTIC . CONTRACTOR CONTR Court Same of Court of the Same of Courts of the Same College of the Mark the Control of the College of t

PLACE (STATE OR FOREIGN) ARYLAND OR TOWN OF DEATH LITIMORE RESIDENCE (IF NURSING HOME OR CASE OF DEATH LENTER ONLY CAUSE OF DEATH WAS CAUSED IMMEDIATE AND OR UNKNOWN! OR DEATH WAS CAUSED IMMEDIATE AND OR UNKNOWN!	TRACE WITTE LOCATION OF WHAT COUNTRY? USA II. NAME OF HOSPITAL, NURSING (ENDEDISHCHERCHING) ENERGY STHER INSTITUTION GIVE RESIDENCE BEFORE INDUITE LAST VED FORCES? WAR OR DATES) One couse per line for (a), (b), and BY CAUSE (a) DUE TO, OR AS A CONSEQUE! OUE TO, OR AS A CONSEQUE!	S. DATE OIL MONTH 10 8 MARRIED WIDOWEL GHOME OIL ADMISSIONI NE ATA 37	F BIRTH 27 1900 NEVER MARRIED DO DIVORCED DIVORCED R OTHER INSTITUTION DIA INSIDE CITY LIMITS? YES NO FIRMANA 17 INFORMANT	BALTIMORE CITY OR COUNTY 120 USUAL OCCUPATION 130 SECONDESS AME RAAB ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 1213	IS BENEFIT OF THE PROPERTY OF DEATH ORKING LIFE INDICATE	AR IF UNDER 24 HOURS MI	
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cause (a), stating the DUETO, OR AS A CONSEQUENCE OF							
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D. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DA'	Y YEAR	TIC HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2	")	
WORK NOT WHILE NOT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
saw the deceased alive an above, (I) (we) the idea of	view to body ofter death Reypur	D D	that in (my) (our) opinion EGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DA	that (1) (we) he couses stated TE SIGNED	
	23b DATE 23c N.	IAME OF CE		CITY OF TOWN	COUNTY	STATE	
b.	ILE NOT WHILE AT WORK I certify that (I) (this hospite saw the deceased alive on above, (I) (we) (Ia) (did not SIGNATURE)	ILE NOT WHITE AT WORK (AT HOME, STREET, FACTORY, OFFICE, F. AT WORK) I certify that (I) (this haspital) attended the deceased from a sow the deceased alive an above, (I) (we) Gird (did not) view the body atter death SIGNATURE PHYSICIAN'S NAME (TYPE OR PRINT) W. HICKS RATOR 236 DATE 237 DATE 236 DATE 237 DATE 237 DATE 238 DA	AT WORK AT WORK Certify that (I) (this haspital) attended the deceased from above, (I) (we) (iii) (did not) view the body attended the Signature Signature	AT WORK AT WORK I certify that (I) (this haspital) attended the deceased from above, (I) (we) Giol (did not) view the body atter death SIGNATURE DEGREE ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT) W. HICKS ATTENDING PHYSICIAN RATON RATON 236 DATE 236 DATE RATORY, OFFICE, FARM, EIC) STREET STREET STREET STREET STREET STREET STREET STREET PROPRIED 19 B. Ond that in (my) (our) opinion ophysician's NAME (TYPE OR PRINT) RATORY 236 NAME OF CEMETERY OR CREMATORY	Certify that (1) (this hospital) attended the deceased from accust 19 8 10 19 10 10 10 10 10 10	Certify that (I) (this hospital) attended the deceased from another than 19 8 , to another the date and hour and from to above, (I) (we) that (I) (did not) view he body ofter death Signature	

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